

CHILD-to-child

Audrey Aarons and Hugh Hawes
with Juliet Gayton



Designed and Illustrated by Carol Barker

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edited by

Audrey Aarons and Hugh Hawes

with Juliet Gayton

designed and illustrated by

Carol Barker

First published in the International
Year of the Child

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EDUCATION

Published by Macmillan on behalf of
the CHILD-to-child Programme.

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First published 1979

Reprinted 1979, 1981, 1982, 1985, 1986, 1987

Published by
MACMILLAN EDUCATION LTD
Houndmills, Basingstoke, Hampshire RG21 2XS
and London
Companies and representatives
throughout the world

Printed in Hong Kong

British Library Cataloguing in Publication Data
CHILD-to-child.

1. Children — Care and hygiene

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613'.0432 RJ101

ISBN 0-333-26136-4 (hardcover)

ISBN 0-333-26137-2 (paperback)

1009

CH 140

COMMUNITY HEALTH CELL
47/1. (First Floor) St. Marks Road,
Bangalore - 560 001.

Contents

Preface	4
Foreword	5
1 CHILD-to-child	6
2 Approaches to learning and teaching	16
3 Our neighbourhood	28
4 Health scouts	36
5 Accidents	46
6 Care of children with diarrhoea	54
7 Caring for children who are sick	62
8 Playing with younger children	72
9 Better food	84
10 Better health habits	94
11 A word at the end	103

Preface

The international CHILD-to-child programme is based on the Institutes of Education and Child Health at the University of London. It owes its beginnings and some of its first ideas to the work of Dr David Morley of the Institute of Child Health's Tropical Child Health Unit, but since its start in 1977 many people from all over the world have become involved in its work. The programme now has an international advisory committee and exchanges correspondence with people in more than one hundred countries.

It is thus impossible to credit everyone who has contributed towards the activities suggested in this book, for each one of them has been devised and modified as a result of experience gained from education and health workers in cities and rural areas in many different countries.

The following, however, have been particularly concerned with developing the final form of the materials in this book: Sam Abraham, Malaysia; Gregory Akenzua, Nigeria; Sam Aleyideino, Nigeria; Jinapala Alles, Sri Lanka; Mabelle Arole, India; Sam Tunde Bajah, Nigeria; Hassan Bella, Sudan; Nimrod Bwibo, Kenya; Sue Chowdhury, Bangladesh; Zafrullah Chowdhury, Bangladesh; Naty Clavano, Philippines; Augusto Schuster Cortes, Chile; Maria Rita Dantas, Brazil; Sue Durston, UK; Zef Ebrahim, UK; Paula Edwards, UK; Purin Espinosa, Philippines; Marie-Therese Feuerstein, UK; Mary Johnston, Indonesia; Hermione Lovel, UK; Keith Lowe, Jamaica; Sally McGregor, Jamaica; Patricia Marin Spring, Chile; Homai Jal Moos, India; Karen Olness, USA; Gilane Osman, Egypt; Nagraj Rao, India; Aruna Roy, India; Mike Savage, Kenya; Hafiz El Shazali, Sudan; Aubrey Sheiham, UK; Alan Schrank, UK; Moelyono Trastotenoyo, Indonesia; David Werner, Mexico; Beverley Young, Indonesia.

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Foreword

I recently had the pleasure of chairing a meeting of the international group whose deliberations led to the development of the CHILD-to-child programme and to the publication of this book. CHILD-to-child is, of course, an integral part of the International Year of the Child, 1979, the year officially so designated by the General Assembly of the United Nations. By coincidence, 1979 is the twentieth anniversary of the Declaration of the Rights of the Child, and the UN has taken the occasion of the International Year to reiterate that the well-being of today's children is the concern of all people everywhere, and that it is inseparably linked with the peace and prosperity of tomorrow's world.

In view of the fact that some 350 million children in the developing countries remain beyond the reach of even a minimum of essential services in the fields of health, nutrition and education, WHO welcomes the initiative of CHILD-to-child and commends it to all concerned with the welfare of children and young people throughout the world. What could be more worthwhile than helping children to understand their younger brothers and sisters? By teaching them to improve the standards of health and the quality of life of these younger children, they will today contribute to a better world tomorrow.

I firmly believe that CHILD-to-child, if fully implemented in our inner cities and our more remote rural areas, can bring a change in the health and development of the world's children, not only in 1979 but as a continuing and growing improvement.

Dr T A Lambo
Deputy Director-General
World Health Organisation

1. CHILD-to-child

Teachers and health workers

We know someone who is a teacher and a health worker. She looks after two children. One is four and one is two. She keeps them safe. She carries the little one and picks him up when he cries. She protects the bigger one from accidents. Yesterday when the little girl went too near the stove she scolded her. Today she helped her to cross the road and taught her how to watch for the cars.

She helps them when they are sick. She makes them comfortable, brings them food and keeps the flies away. Last month she saved the life of the little boy. He had diarrhoea and was very weak but she sat near him and gave him water through the day and long into the night. The little boy lived. Early in the year before the rains she noticed that the bigger girl had a bad sore on her leg. She took the girl to the medical post and the sore was cured.

She helps them to grow up healthy. She feeds the little boy when he is hungry; she helps the little girl find sticks to clean her teeth. She teaches her songs to help her remember good health habits. She plays with the boy and she plays with the girl. As they play they learn to use their hands and bodies to try out things, to think of things, to imagine things. This teacher makes toys for them, invents games for them and tells stories to them. She teaches them words and how to sew words together.

Who is this teacher who does so much for her pupils and does it so well? She is their elder sister — and she is eleven years old.

We know a group of community workers who know every inch of the village in which they work, who are accepted by everyone, who want to help their community, who will work hard (for short periods of time) and cheerfully (all the time). Last month the health worker used them to collect information about which children had been vaccinated in the village. Next Tuesday some of them will help to remind the villagers that the baby clinic is coming and they will be at hand to play with the older children when mothers take their babies to see the nurse. Next month they plan to help the schoolteacher in a





WE ARE ALL TEACHERS

- 1 Schoolteacher
- 2 Parents
- 3 Older children with younger children
- 4 Religious leader
- 5 Health workers
- 6 Craftsman



village clean-up campaign. These health workers are the boys and girls of the village.

We know a number of older teachers — ourselves. Many of us are school-teachers, but some of us are health workers, religious teachers, craftsmen with a skill to pass on, and parents. Yet we are all teachers.

This book is written *for* us although it is *about* children and their health, and about children helping themselves and helping their younger brothers and sisters.

It calls on us to recognise what children already do towards helping each other and helping us. It suggests ways in which we can support them and in which we can make their contribution more effective, easier, and more fun.

The need

The needs of children are very great, particularly in our poorer rural areas and in parts of our growing cities. Every country has its own problems but many are common worldwide; some of them are well known to us all.

Many children die from:

- malnutrition
- diarrhoea
- malaria
- measles
- and in accidents

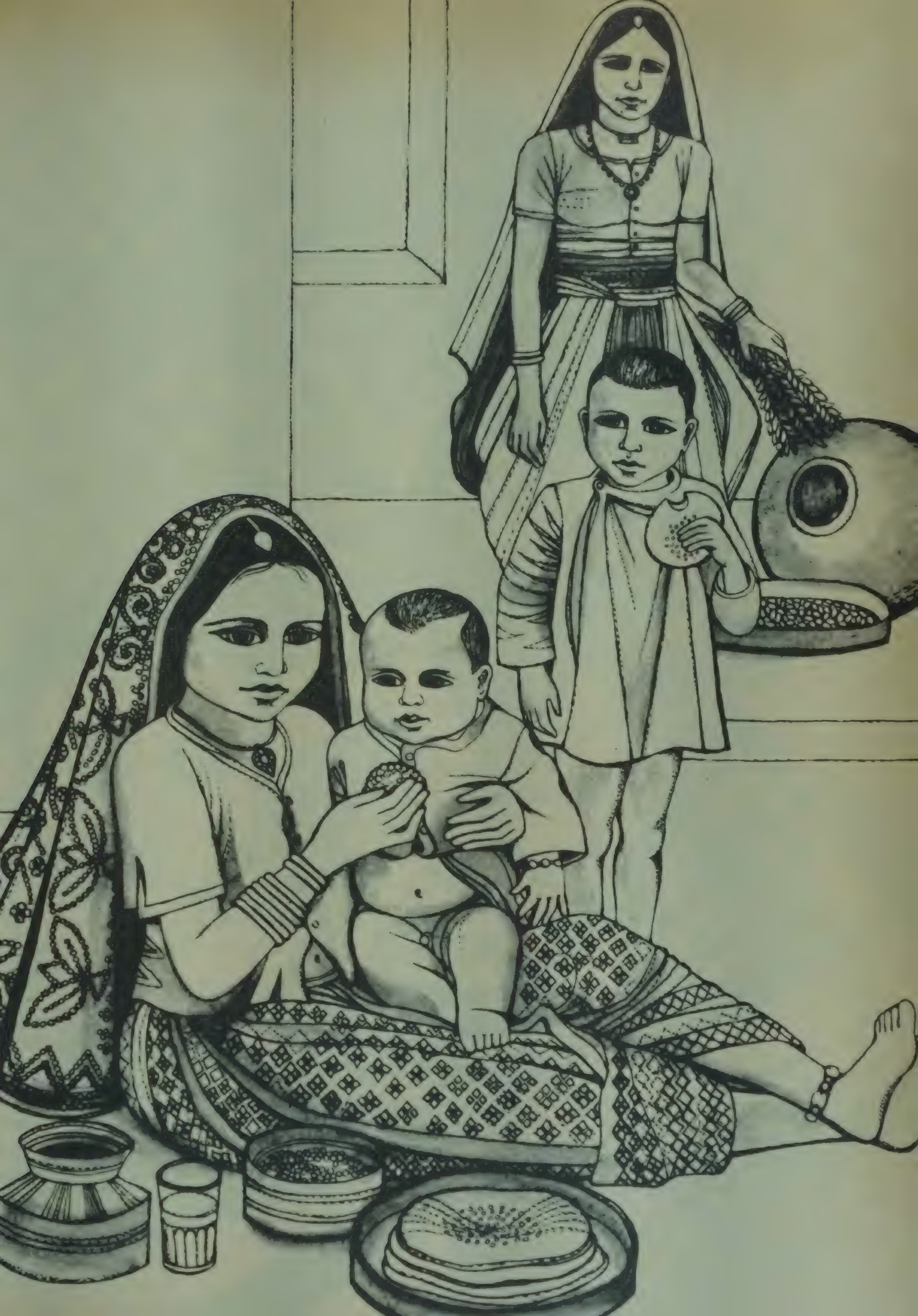
Many children grow up weak because of:

- poor feeding
- frequent illness, such as malaria and diarrhoea
- bilharzia
- worms (especially hookworm)

Many children lack chances to develop because:

- they live in very crowded areas where there is little room to play;
- they are left on their own and do not have the opportunity to use language;
- they do not have enough variety of things to play with.

There are some people who say that ill health cannot be greatly improved if people are poor. This is partly true. Poverty causes ill-health and ill-health







causes poverty — but nearly always something can be done and often simple changes could improve the health of children overnight.

There is no cost in:

using the food we have more wisely;

killing insect pests;

learning to prevent accidents;

learning safe ways of treating illness without using expensive medicines;

learning ways to help children gain more experience through playing.

But it is easy to talk about changes, and far more difficult to help them happen. For to change health practices we often have to change attitudes and ways of life. We must also be very careful that we do not replace good 'old' practices with bad 'modern' ones, like exchanging breast feeding for bottle feeding, or buying useless medicines from shops to replace useful herbal ones from homes.

We teachers can help

Our task as 'teachers' is on the one hand to recognise the need and on the other to decide which practices and attitudes are helpful and must be kept, which ones are harmless and may be kept, and which ones are harmful and must very slowly and gently be changed. The knowledge of our doctors and our common sense will guide us towards deciding which practices are most helpful and which most harmful.

The children can help

Since children are the mothers and fathers of our next generation, what we teach them is vitally important. They too may help to change the health ways of their friends and their younger brothers and sisters. Children who have attended school can also help the unschooled 'child-minders' in the villages. *But no children should ever be placed in a position where they appear to be criticising or contradicting their parents or elders.*

Why this book was written

This book has been written in London but the ideas it contains have been collected from all over the world.

It has been written through the co-operation of a group of education and health workers (the CHILD-to-child programme) who believe that such working together can and must grow at all levels, and who believe that development in our villages and the poor areas of our cities depends on such co-operation. We must also realise that development in a nation depends on the health of its children, starts with concern and action at local level (and *not* with the building of large secondary schools and hospitals in cities) and that it is the concern of us all. Schools and clinics are part of the education and health efforts in the community but they are not apart from it. We are all partners in development.

The CHILD-to-child programme starts its work at a time when the health needs of local communities and the need for local co-operation to solve local problems has been recognised as a top priority by international bodies such as UNESCO, UNICEF and the World Health Organisation. It is also a time when the needs of children are to be recognised internationally, for 1979 is the 'Year of the Child', a year when all nations will seek to take a closer look at the programmes they provide for their children, how children's rights can be safeguarded and their lives bettered.

Some ideas to start us thinking

Our next chapter discusses ways of learning and teaching, ways in which we 'adult teachers' can help the 'children teachers' to help themselves. The remainder of our book presents just a few of the CHILD-to-child activities which have been collected. Most of them refer to the way older children can help their younger brothers and sisters, but some discuss ways in which groups of children can help the community and ways in which the schoolchild and the non-school child can help each other.

But of course our needs and our problems are different — in richer and poorer countries, town and country, with different peoples, different religions, different occupations, we find differences in the way children are brought up. This book does not seek to give one set of activities which will work in all countries. It gives a selection for us to choose from. We expect teachers to use some activities but not others. We expect that many of the activities will be changed to fit local conditions.

The ideas we present are just a beginning; we hope that you, the reader, will take these as a starting point and develop more. We hope that many of these new ideas will be ones suggested by the children themselves.

2. Approaches to learning and teaching

Teachers and children

We are all teachers! Our role as ‘adult’ teachers in the CHILD-to-child programme is to help children to help each other and to help their communities. This chapter discusses ways we can do this, ways in which we can encourage and support children in activities which they themselves have helped to plan and carry out.

Once adults and children set out together to improve health practices in their local areas, they will recognise that there are a number of different steps which need to be taken to make their programmes successful. These include:

- finding out what the needs and problems and priorities are, and what knowledge and resources already exist;

- talking over different ways of meeting the problems, and using what we already have;

- understanding other people’s feelings and beliefs, and having sympathy for their problems and points of view;

- designing activities which can help towards better health, which can be easily undertaken, which will be acceptable to people in communities, which can take place both in school and out of it;

- making programmes better as a result of experience gained.

Finding out

The success of nearly every CHILD-to-child activity depends on knowing our locality and knowing our problems. Many of the activities described later in this book are ‘finding-out’ activities. Finding out is important for us and for our children in two ways.

It gives us basic knowledge we need, for example, about our neighbourhood, about the sources of health care which are available, about the young children who live in the community. But such activities have another importance. They help make children 'enquiry-minded', encouraging them to observe, to record, to ask questions, to be aware of what needs to be done and how they can do it. In this way active and helpful citizens develop.

Organising a survey

'Finding-out' activities require very careful preparation if they are to be successful. If, for instance, we were organising a survey of health in a rural community we would have to remember:

- the need to plan and try out the visits ourselves before the children begin;

- the need to discuss with the people in the village (such as parents and elders) what the children are doing and why;

- the need to work out very carefully the task of each child or group of children, to write it down and discuss it with them;

- the need to decide how the information collected is to be recorded by children, and to select a way of recording which is clear, which the children understand, and which they can analyse themselves;

- the need always to discuss with children when the survey is completed what they found out, why it was important, and how it could be improved if they did it another time.

Talking it over

Once we understand the problems we face, there are other decisions to be taken.

- How can we help?

- What action is possible for us to take ourselves?

- What action can we take with help from others?

- What is too difficult for us?

- What is most important?

What action will our people in the village welcome?

What will they not welcome?

Will some people help us more than others, and who are they?

Discussion groups

These decisions can only be made after we have talked them over. Discussion can take place in class or outside it, in youth groups or clubs, or clinics. Discussion groups with children work best when the general subject to be discussed is broken down into smaller areas which can be easily understood, and where decisions can be easily made.

If, for instance, we started out with a general topic like 'Why are there so many accidents?', we need, later, to frame much more detailed questions for children to discuss, such as:

What accidents take place in your home?

What accidents could take place on the way to school?

What accidents happen specially to babies when they learn to crawl?

What could we do to help prevent accidents round the school?

All this discussion takes time, for children, like adults, will need to talk and be heard. But this time is not time wasted. By talking about the problem the children make it their own. It is no longer the teacher's or the youth leader's problem. It is 'our' problem, and 'we' must find ways to solve it.

Getting inside other people

Health care depends on caring. Once we can realise what other people think and feel, we are in a far better position to help them. Older children do care about others, but there are many ways in which we adults can help them develop new understanding and more positive attitudes.

Role playing

There are different ways of helping children to understand others. Simple role playing begins by asking children to 'take the place' of others. For instance, 'Pretend you are lame . . . how would you feel if people laughed at you?' 'Pretend you are a mother . . . how would you look after your baby if it had diarrhoea?'

Talking it over





From these simple situations children can be led to more complicated ones, with different children in a group taking different points of view, for example, 'Let us talk about making the village healthier. You are the butcher – what can you do? You are the Mayor, *or* the nurse, *or* the grandmother, *or* Señor Garcia the landowner (*or* any number of other people).'

When the children take on these different roles we can then ask them to say how they can help and co-operate with each other.

Drama

Role playing leads on into drama. There are many ways we can use drama and many forms, from simple mime to plays where parts are written down and learnt. On the whole, however, children are happier with plays which are not too long, where the action and purpose are carefully discussed, but where they are allowed to make up their own words rather than learning parts by heart.

Here are a few simple things to remember about organising drama. Make sure that everyone can see the players and everything that is going on. The front of a classroom is *not* a good place for drama. A circle with the players in the middle and the audience round them is better.

Make sure the players know what they have to do, what is the important message they have to put across, and how the characters in the play feel. Be sure they act with their expressions and their bodies, rather than just speak their words.

Never make the scene so long or so complicated that the message is lost.

Try to arrange for some things for the actors to use, and special clothes for them to wear. These may be very simple, but an old white coat and an empty syringe will transform a child, in his own mind, into a doctor; a hat will create a landowner, a stick a policeman. Children love dressing up!

Finally (and most important) always make sure after the play has finished that the right message has got across. A few simple words to the audience will ensure that everyone has understood. If this is neglected, many will go away remembering that Pedro dressed up as a doctor but forgetting why he did it.

Learning through activities

Many of the CHILD-to-child activities involve learning new knowledge. An older child learns how to recognise when smaller children are too thin; he

learns about the special drink for children with diarrhoea; he learns what to do if children get burnt. This knowledge is important. But there is often a gap between what we learn and what we do.

Our health activities in the CHILD-to-child programme must link learning with doing. A child who learns about accidents must do first aid. A child who learns about the special drink must practise making it up and tasting it, or must make the measuring spoon. A child who learns about nutrition must measure other children to see if they are too thin.

Thus we talk about CHILD-to-child activities because activity is central to learning and remembering about health.

Learning in groups

In many activities we have suggested that older children teach groups of smaller ones. In order for these groups to be successful, proper organisation is necessary.

There are many different activities groups can do:

they can listen to stories and read stories written by older children;

they can act plays and watch puppets;

they can play games made by older children: these can be either board games (there are many ways, for instance, in which snakes and ladders can be adapted to health activities), or they can be acting and singing games, such as 'This is the way we brush our teeth';

they can take part in team competitions, for example, which team can: kill most flies, draw the best health map, remember all their first aid.

How should groups be organised?

Groups should be small. We suggest not more than eight or ten children. It is best that two older children should undertake the organisation rather than a single child. All activities should be very carefully prepared and supervised.

Preparing for the CHILD-to-child activities

CHILD-to-child groups can be organised in school or out of school by health workers or societies like Youth Brigades or Boy Scouts.



We older teachers must be prepared to spend time on preparation. Often we can adapt our regular teaching time for this purpose. We could imagine, for instance:

a mathematics lesson spent measuring and making a 'road safety' snakes and ladders game;

a language lesson spent writing stories about good and bad health habits;

a craft lesson where children made toys for younger children;

a science lesson spent learning to measure salt and sugar for the special drink;

a Boy Scout evening spent preparing for a 'health treasure hunt' for younger children.

Follow-up

Follow-up activities are always important. We older teachers must encourage older children to tell us what happened in these activities and what improvements could be made. When we supervise activities we must be prepared to discuss with children what we saw (putting most emphasis, of course, on the good things we saw).

Praise and encouragement are most important. Even when the results of children's efforts are modest, we must praise them for the effort they have made, and we must encourage older children to praise younger ones.

Learning in school and out

One of the most important lessons for all of us involved in the CHILD-to-child programme is that of co-operation. The health of a community depends on children co-operating with older people and with each other. In particular we would wish to link children who have gone to school with children who have not.

Children and adults

There are two obvious ways in which children and adults can co-operate: through the school and in community projects. Often these two ways can be

linked. For instance, suppose a national project was organised on better nutrition, the following kinds of co-operation could result:

the aims and purposes of the project could be discussed in the village council and in parent/teacher meetings. In each of these, the help children could give would be discussed;

the children would then help in conducting surveys, making posters, making and acting plays;

the school could follow up the activity in its regular teaching. The children could continue their help in their homes and in youth clubs;

at a later date, possibly at the end of the year, a follow-up activity could be proposed and discussed in the same way with parents and children.

Radio and newspapers should also be used. In a country, for instance, where a 'sugar and salt and water week' is organised, there can be frequent spots on the radio, and special stories in the papers by health workers at the same time as the teaching goes on in schools.

The schoolchild and the child who does not go to school

Many children who look after younger brothers and sisters have not, themselves, been to school. Many of our CHILD-to-child activities are just as suited to them as they are to children who have attended school. But they may need help from adults or schoolchildren to undertake the activities.

We could, for instance, think of ways in which these child-minders could learn to record the help they gave younger children. If we thought these out carefully we might also be able to find simple means of helping the child-minders to read and count. Here are two ways:

A health clock can be drawn with numbers 1 to 12. A hand can be attached to the centre of the clock. The five strokes between each number can represent an important health task which the non-school child does every day. She turns the hand to the next number when she has done all the tasks. These are health tasks that the child can do: (i) clean baby's teeth, (ii) cover faeces, and wash hands, (iii) wipe baby's face, (iv) play with baby, (v) feed baby.

Similar information can be recorded by putting small sticks or stones into old tins, cigarette boxes or small cloth envelopes pinned to the wall. Each time something important is done for baby, the child puts a stone into the tin.

If the child learns to count he can learn that, for example, baby feeds more than once a day. The tin for 'feed baby' will therefore have more than one stone in at the end of the day. The tin for 'wipe baby's face' should then have the same number of stones in if the child has remembered to wipe the face after every feed.

The school and the schoolteacher could also help. One way would be for children in school to be helped by their teachers to make toys or picture books, or games, or to collect play materials which could then be given to the non-school child who could be shown how to use them with the smaller children.

Linking home and school is vitally important for the health and happiness of children, and schoolteachers should never miss an opportunity of making sure that what children do in families, and what parents do, is discussed by young children at school.

Making programmes better

We must learn never to be satisfied with what we do. In any CHILD-to-child activity two questions need to be asked. How well did it work? How can we make it better?



The tin game

Each of our activities described in the next chapters contains such questions, and whatever we do they must be asked. Obviously the more questions we ask the more we will know. It will be very helpful if we know:

what knowledge we taught was remembered and who remembered it best?
for example, how many children remembered the warning signs for illness?

what action took place as a result of our activities, what kind and where?
for example, how many children or their families mixed and used the special drink for treatment of diarrhoea?

what attitudes in communities began to change as a result of the activities?
for example, did parents, and teachers, and health workers meet more often to discuss how children could help?

3. Our neighbourhood

The idea

A community can become healthier:

when the people in it understand better what their problems are and how they are caused;

when the people communicate with one another and discuss what they can do to make their lives better;

when they act to improve community health.

Children are important members of the community, and this activity is designed to help them play a part in making a better neighbourhood. It is designed to:

encourage children to find out all the factors which help or hinder children from growing up healthy;

encourage children to think about how the community can help its children;

lead older children to think about actions they can take to improve matters;

help children to find ways to pass on these ideas to younger children.

Who could introduce the activity to children?

Teachers could introduce the activity during health, science or other suitable lessons on the timetable;

Teachers could also use it during after-school programmes such as young farmers clubs;

Youth Brigade leaders, health workers and other people who work with children could introduce the activity;

Community development officers could introduce it as part of a larger programme of working in the community.

In every case, however, it is necessary for parents and other adults in the community to know why children are participating and in what way.

The activity

All CHILD-to-child activities need to start with a discussion by children leading to an understanding of the purpose of their activity.

Before starting the activity children need to discuss:

What helps our school (or our village) to be a healthier place?

How can we find out about the health of our school (or our village)?

What can be done to make it better?

Making a health map

Children can map their local community. They can use copies of maps already prepared or make their own maps. First the children should discuss what they will show on the map. This will help them to decide what is to be done to make their community a better place in which to grow up.

Children can find out and mark on their maps:

areas where animals and insects live that spread diseases;

areas where accidents can easily happen to young children;

areas where people spread diseases.

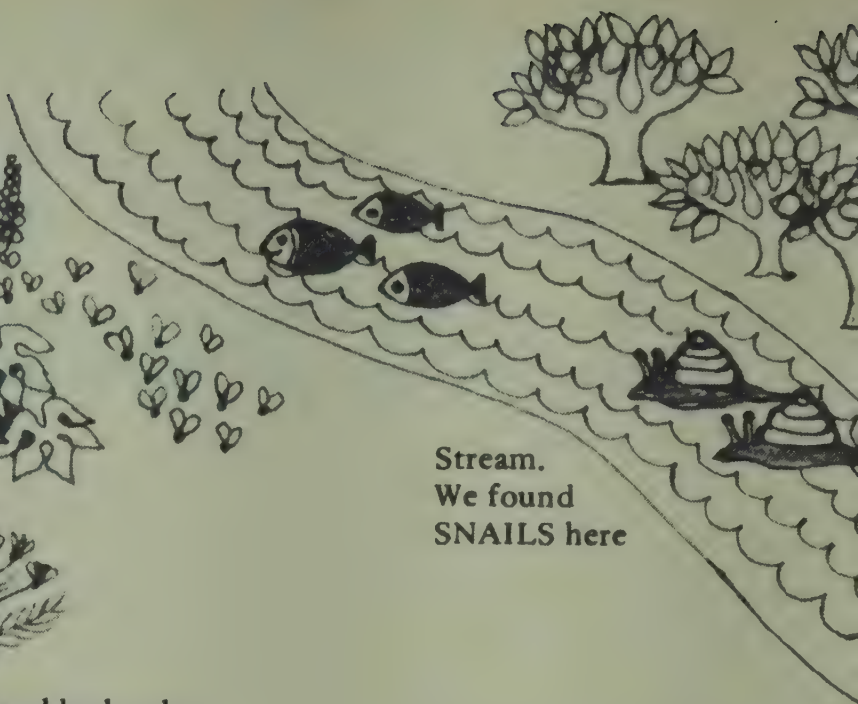
In some schools and with younger children it is difficult to make a map of the neighbourhood. Instead, they can make a plan or picture map of either the school, or the way to school, or the home.



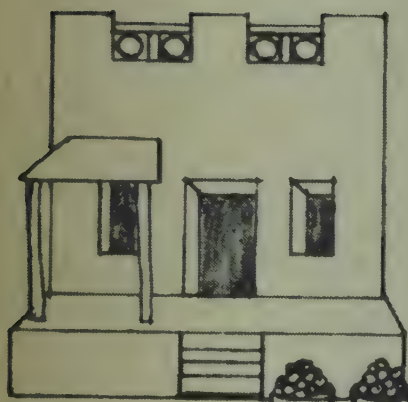
High grass. We saw SNAKES



BEE tree. Sunil was stung and had to be taken to the dispensary



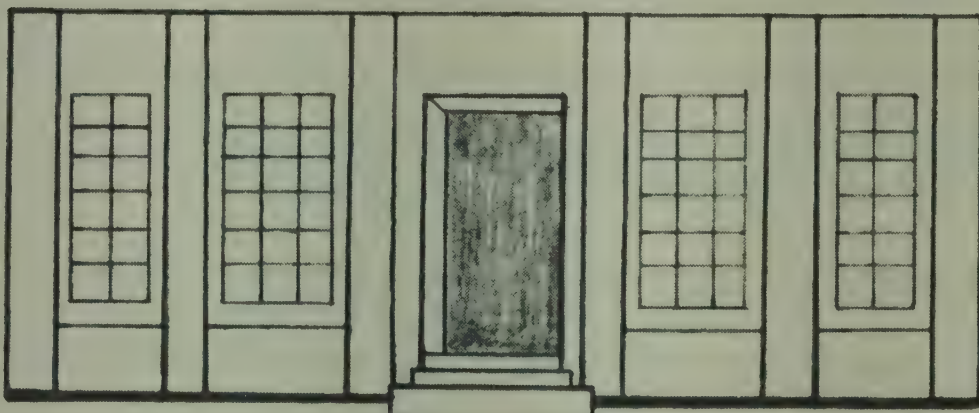
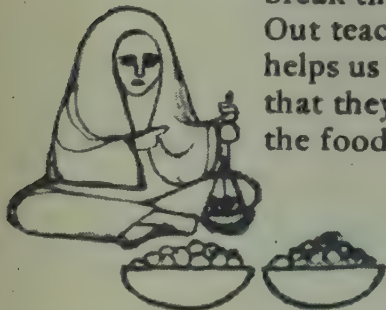
Stream.
We found
SNAILS here



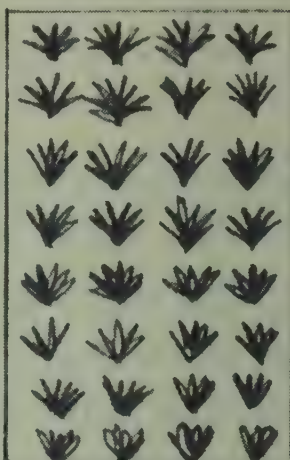
Kitchen.
Cook's child
had burns
here on
Feb 4th.
We have
raised the
FIRE



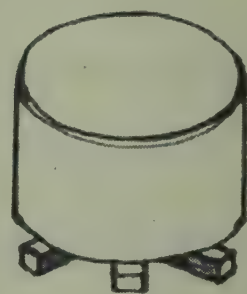
Food sellers come here at
break time.
Our teacher
helps us to see
that they keep
the food clean



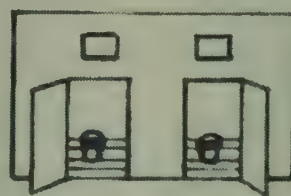
SCHOOL



Kitchen garden.
We keep weeded



Rainwater tank.
For pure water, we
cover it to keep water
clean and stop mosquitoes
breeding



LATRINE.
We clean it
to keep
away flies



ROAD.
One child was killed here last year

MAP OF OUR SCHOOL

The children can find out about the school or home as:

a healthy place in which to live, for example, check cleanliness, clean water, mosquitoes, flies;

a safe place in which to be, for example, check places where accidents can easily happen.

Deciding what is to be done

Children can look at their map and talk about what they have found. They need time to discuss what can be done and who is the best person to do it. The children may decide that action should be taken by different groups of people within the community.

Children themselves can tell other children in the school about their work. They can make their school a healthier place by cleaning it and clearing insect breeding places. They can talk with their parents about how in the past improvements were made in the community. Children can talk with teachers about what the school can do if both teachers and children work together.

The community can help itself through community action. Children could find out what types of actions are possible. The community may also have to tell government officials about their needs. Role play and drama can help children to understand how a community group makes decisions, for example, the children can act as council members, policemen, health aides, agricultural officers, farmers, elders and schoolteachers. They can hold a council meeting and discuss the village health problems.





Local government officials may be able to help. Children can find out how they do so.

Central government may also be able to help. Children can discuss how they find out what the government plans are for their community.



CHILD-to-child action

The children will need to discuss how they will pass on their ideas and how they can help younger children understand and help.

Children can pass on ideas to friends and families.

Children can pass on their ideas through organised groups such as Boy Scouts and Youth Brigades.

Children can pass on the ideas to younger children in school and at home.

Children can organise action campaigns and games such as 'Find the mosquito larvae', 'Fly catching', 'A clean school compound'.

CLASS VI HEALTH MAP



CLASS VI SCHOOL MAP



CLASS II PICTURES





Road Safety Poster



Beware of Snakes Poster

Finding out how well the activity worked

Children can compare their maps with health maps made in other years, and notice any changes.

Teachers can observe whether as a result of the activity children use maps any differently in geography lessons, whether they show more knowledge of life cycles of insects, hygiene and water-borne diseases in their science lessons.

Children and teachers can check later in the year to see if there have been any changes due to the children's activity.

Other activities for children

With encouragement many activities are possible. Not only will children understand better and become more aware, but older and younger children will learn to communicate better. Some activities in which older children can be involved with younger ones are:

- writing books or reading cards for younger children;
- drawing health and safety posters and helping younger ones to talk about them;
- making health games to play with smaller children;
- making plays and puppet shows for younger children;
- organising small children into teams to compete in cleaning-up activities.

Other activities for older children are:

finding out about one problem, for example, bilharzia: finding the places where the snails are and hunting them;

doing research on one topic, for example, village water, and finding out where the animal watering places are, where people use it.



4. Health scouts

The idea

A healthy community is a strong and a happy one. A community is healthy when:

- the people who live in it understand what they need to do to be healthy;
- the people know what services are available and how to use them well;
- the people care about the health of others around them.

Children can help in making their community a better place to live in and this activity shows some ways in which children can do this by:

- finding out about the health-care resources in their own community;
- being responsible for passing on to their families and others important health information;
- caring about the health of others, particularly children who live near them, by helping their families make the best use of available health services.

Who could introduce the activity?

- Teachers of children in the upper classes of primary schools;
- Youth leaders, particularly in youth organisations that have a badge scheme, for example, the Boy Scout Association health badge;
- Health workers and others working in community health programmes.

When schoolchildren are involved in this kind of activity it is a good idea for teachers and health workers to plan together. Parents, too, will need to know about the children's participation and the reasons for it.

The activity

Finding out about the health needs of the community

Surveys or 'find-out' projects give the children practice in collecting health information and making good use of it. Children can find out about the health conditions of babies and young children in their community.

Illness and deaths from diseases like tuberculosis, diphtheria, whooping-cough, tetanus, poliomyelitis and measles can be prevented if babies and young children are immunised. An important survey that children can make is to find out which children in their community have been immunised against these diseases.

Before carrying out the survey discuss with the children:

the reasons for immunisation;

which immunisations are common to your area?

who provides them?

who receives them?

Perhaps a health worker could be invited to discuss this with the children.

To carry out the survey the children could make a record chart with spaces for the names of babies and young children near them, and symbols for each of the most commonly given immunisations, for example:

- ▲ BCG which protects against tuberculosis.
- DPT which protects against diphtheria, pertussis (whooping-cough) and tetanus.
- Polio which protects against poliomyelitis.
- ◆ Measles which protects against measles.

WHO has been IMMUNISED ?					
Names		▲	■	●	◆
1	Arthur SSÓNKO	✓	✓	✓	
2	James KIWANUKA		✓		
3	Helen KIBIRIGE	✓	✓		
4	Sunday MUKAAMA	✓	✓		
5	Fayce NAAMA				
6	Gertrude NAMUSOKE	✓	✓		
7	Musa NSUBUGA	✓	✓	✓	
8	Solomon WASSWA	✓	✓		
9	Mary AKELLO				
10	Fatima MASEMBE	✓	✓		
▲ BCG		protects against TUBERCULOSIS			
■ DPT		protects against DIPHTHERIA PERTUSSIS [Whooping Cough] + TETANUS			
● Polio		protects against POLIOMYELITIS			
◆ Measles		protects against MEASLES			

Children can find out about children in their own families and those near them. They can be made responsible for finding out about several households each. They will need to ask parents, or in some areas a BCG scar will serve as a marker that the BCG vaccination has been given. Often the DPT vaccination is given at the same time as BCG although it leaves no scar.

It is not enough to gather information; we must also pass it on to those who can best use it. From this survey the children will have found out which babies and young children need to be immunised. Older children can tell mothers about immunisation clinics and they can tell the health worker which babies need to be immunised.

Finding out about the health services available to the community

Often in a community there are many people with different kinds of health knowledge:

some people know how to make herb teas;

there are women who are asked to help at childbirth;

often someone knows about first aid for treating simple sicknesses and accidents;

there are also the trained health workers of different kinds.

We need to know where to get help quickly and which of these people is the best person to help us. This information is very useful for all of us in a community, but too often we do not have it.

Children can carry out a survey (a find-out project) of all the people in their community with some special health knowledge:

where they can be found;

what their special health knowledge is;

and who is the best person to go to for help for a particular sickness.

Discuss these things with the children and let them find out and make a list of all the people in their community who have some special health knowledge.

They can discuss their lists and decide which of these people they would go to for help for a particular sickness, for example, 'Who does your family go to for different child sicknesses?'

WHO has Special HEALTH KNOWLEDGE in OUR AREA?

① Wise Woman in Village

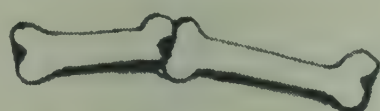
② Herbalist



③ Traditional Midwife



④ Bonesetter



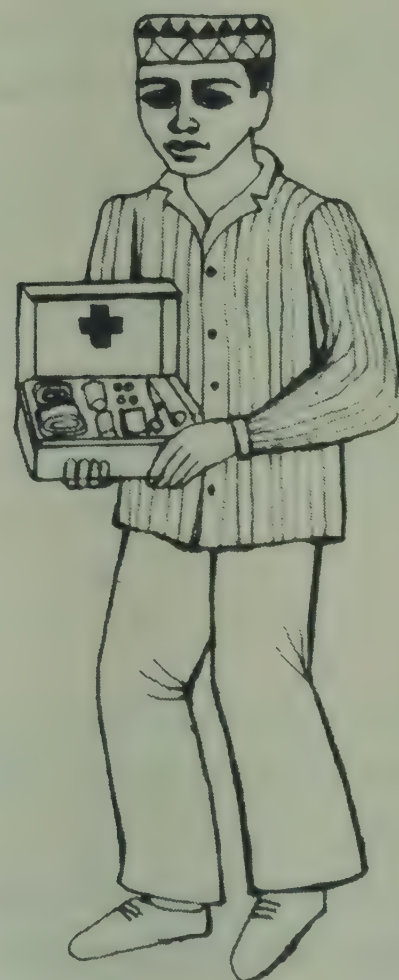
⑤ Traditional Priest

⑥ Schoolteacher [First Aid]

⑦ Religious Worker

⑧ Clinic Sister

⑨ Health Worker



After making their survey the children can draw a health services map of their community. On it they can mark where to go for help and work out the travelling time it would take to get to each health helper. They can find out where special clinics are held, on what days and at what times.



Health Map for our Village

The circles represent each hour's walk from School or Home



The children could play guessing games using their map: 'If your brother got burnt in the cooking fire who will you get to help and how long will it take?' 'If your pregnant aunty needs help, how long will it take you to fetch help?'

To pass on this information the children could make a play about seeking help from different people, and show it at village meetings or on clinic days.

Telling others about health services


Children can learn to pass on health information to parents, health workers and others. For example, children can 'adopt' a newborn baby in the family or neighbourhood and make a vaccination card for it to remind mothers when the baby is due to be immunised against different diseases.

BIRTHDAY CARD with **I**mmunisation **R**eminders


 WELCOME to BABY ALU 

Date Born: March 1978


Your Immunisations are due:

 BCG

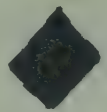
 date

 DPT

 date

 POLIO

 date

 MEASLES

 date



This Card is made by the Children.

Health workers can tell the school when they are to hold a clinic in the village, and schoolchildren can visit homes in the area to give notice the day before the clinic and to tell families the correct time and place. Perhaps the village can be divided into areas so that each child knows he is responsible for several households.

Each older child can be a health leader for a few households, tell the health worker where help is needed, or pass on information from the health worker to the household.

Helping to care for the health of others

There are many ways in which children can help in looking after the health of other children. One of these ways is to become involved as a helper at the health clinic. Teachers and health workers would need to plan this together, but some ways in which children can help at clinics are:

weighing babies and filling in weight charts;

organising play groups for children waiting with their mothers. Toys and games could be made and brought along to amuse young children;

acting as interpreter for mothers and health workers, to pass on instructions for feeding programmes or treatments;

helping to cook at feeding demonstrations;

helping to clean up at the clinic.



Older children can also help at home and school. They can:

organise a first aid clinic for simple treatments at school;

make toys and games for child-minders in need of help;

prepare food for younger children at school;

bring young children to the clinic when parents are unable to come.



Finding out how well the activity worked

Have a quiz: 'Where is the nearest person to help if . . .?' One team can think up the situations needing help. The other team answers.

At the end of the year, find out from the health clinic whether any more babies came for immunisation as a result of the children's activity.

Get children to tell or write about how they helped at the clinic, at home, at school.

Other activities for children

Other surveys which children can carry out are to:

find out about disease patterns in the area and pass on the information to health workers, or use the information as a basis for a health campaign.

Who has been sick or had an accident in the past year? What sickness did they have? What time of the year was it? How often did they have it?

find out about local medicines: what plants are used? Who knows how to make up the medicine? When is it used?

Other ways for children to be health helpers are:

for older children in the school to 'adopt' a younger one and notice when they are sick or need treatment for sores;

making health posters and notices for school, clinic and village noticeboards.

5. Accidents

The idea

In some places as many as two children in a school will die each year because of accidents. Many more will be injured.

Many of these accidents need not happen. This activity is to help children prevent as many accidents as possible. Different sorts of accidents happen to children who live in different places such as towns and rural areas. This activity gives advice about only the most common accidents. In order to help with accidents children must know:

- what the most common dangers are;
- how these dangers can be avoided;
- what to do if an accident does happen.

Who could introduce the activity to children?

- Teachers could introduce the activity during school or out of school hours;
- Red Cross workers, health workers, Young Farmers Club workers and other youth workers could introduce this activity;
- the activity could be introduced to children through newspapers, comics and magazines.

When teaching children about care of wounds, we may be teaching something very different from traditional methods. We will need to explain carefully that although some traditional treatments may be useful, others are harmful. For example, covering a wound with cow dung is harmful and should not be practised.

The activity

What accidents happen to children?

Children could talk with each other about what accidents happen.

They should ask why the accidents happened. If children can find out why, they will be better able to prevent them.

Children could record the accidents that have happened to children in their families.

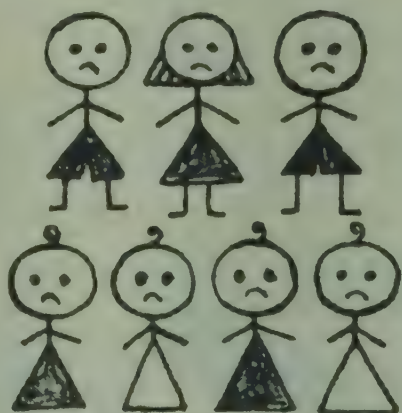
CLASS III Bad Accidents in our Families this Term

BURNS

Crown Ups

Children

Babies



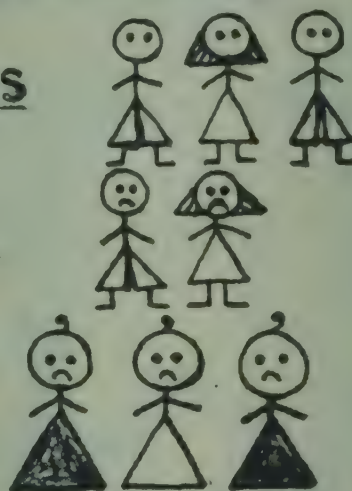
WOUNDS

[Cuts, broken bones]

Crown Ups

Children

Babies

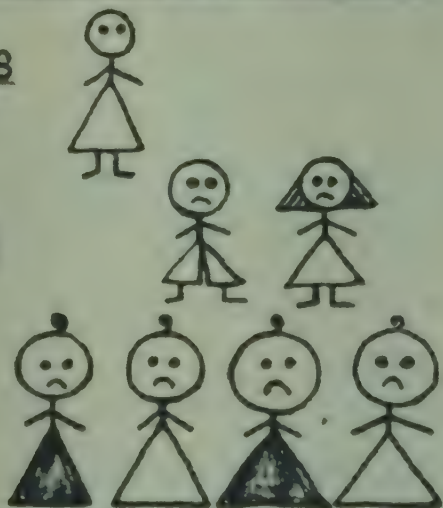


Getting bad things in eyes
ears and nose that harm.

Crown Ups

Children

Babies

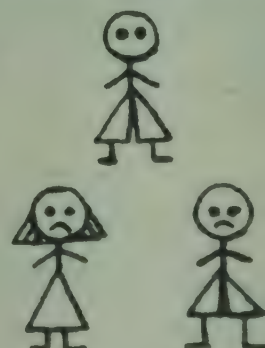


Road ACCIDENTS

Crown Ups

Children

Babies



Preventing accidents

Together children could decide what they could do to try to prevent accidents happening.

Children could help younger brothers and sisters to become more careful with fires. When they cook for the family, children could raise the stove, if possible. Open cooking fires could be made on raised mounds of clay and not directly on the ground. Children could make sure that the handles of pans are turned so that they do not get knocked over.



Children could set up their own 'policemen' at accident spots to help younger children. They could start a campaign to tell other children about the dangers of these places. They could write letters to newspapers and to the proper authorities about the worst accident spots.

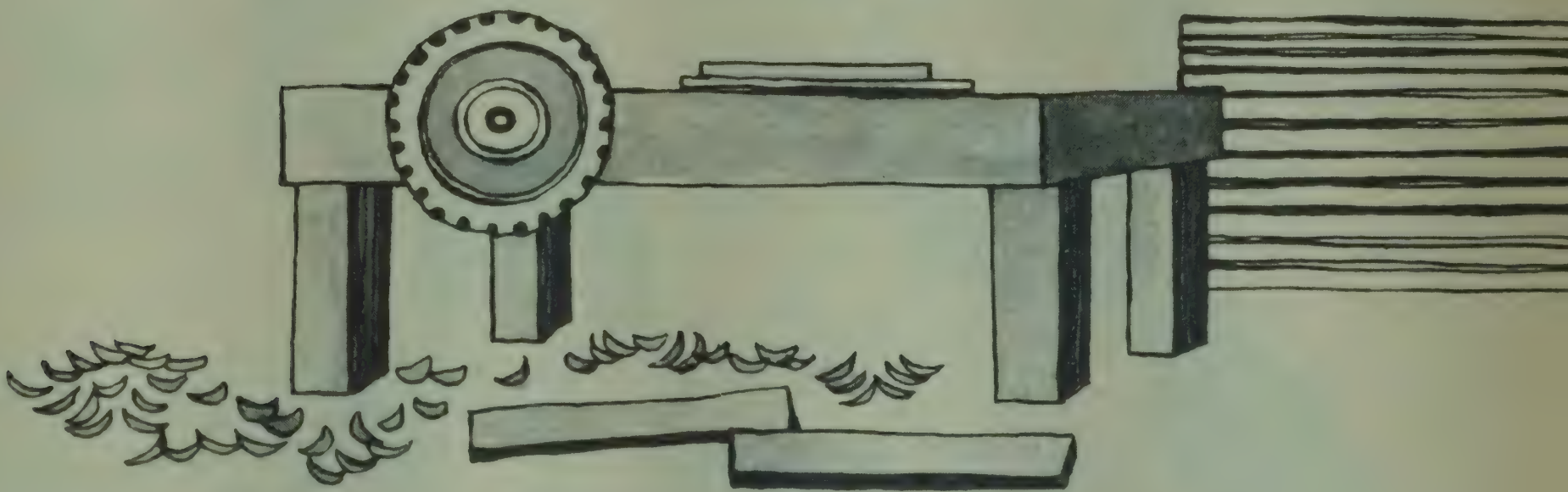
Children could warn others about the places where snakes and bees usually live. They could clear the grass from the paths most commonly used.



Children could have a campaign to tell others about how to play more safely. Children could be warned about the dangers of climbing dead trees, throwing stones, swimming in swift flowing rivers, falling into wells, running when chewing sticks, and so on.

Young children should be warned about putting dangerous things such as marbles and stones in the mouth. Babies often choke on groundnuts, and stick things in their ears and noses. Children should not drink out of strange bottles and eat strange fruits and plants.

Children can identify places where there is danger from machinery, animals and broken glass.



Many accidents would not happen if there were safe places where children could play. Children could make toys for their younger brothers and sisters at home, and make safe areas for them to play in.

If an accident happens

There are many simple treatments children can learn. Only the most common ones are listed here. We may wish to teach others about the accidents most common in the local area.

Remember: no child is likely to use these simple measures on injured people unless he has practised them.

Falls and road accidents

If a person has had a bad fall from a tree or has been badly hurt in a car accident, do not move him. Cover him with a blanket to keep him warm. Get help as quickly as possible.

Bites

If a person gets a poisonous bite, do not move the person. Moving will help spread the poison around the body. Get help as quickly as possible.

Cuts and wounds

When possible clean cuts with soap and boiled water. Hot salt water can also be used to wash wounds. Wounds left dirty can turn into bad ulcers. Washing well is better than using things such as mud or iodine. It is best not to use bandages unless they are very clean.



Burns

At once put in cold water. Put the whole body in water if necessary.

If the burn is bad, boil a little vaseline, put it on a *clean* cloth and loosely cover the burn. *Never* use grease or butter. Burns must be kept clean and are best left uncovered.

Spreading the idea

Children should not try to do everything at once. For two weeks they could have a campaign against burns. Some time after the first campaign is finished they could start another one on road accidents and so on.

FRIEZE PICTURE: CHILDREN'S STORY

Mother is cooking



1 Mother chases animals away



3 Baby crawls to cooking pot



Baby gets burned by boiling food

Road Safety Game

1. Counting

Children count the different vehicles and how often they pass

2. Planning

Older children make their own School Safety Code to keep the younger ones safe

3. Practice

Older children help the younger children to learn to obey the Code



Children can make posters warning against accidents. They can make booklets on first aid for others to read.

Older children can write stories about accidents and illustrate them for younger children. They can act out plays for younger children that show why accidents happen and what can be done.

They could make their own first aid and road safety tests, and award certificates to those that pass the test. Simple tests could be designed for young children, advanced tests for older ones.

Finding out how well the activity worked

Children could compare their records of accidents with records made earlier.

Children could talk about any accidents they think were prevented as a result of the campaign.

At the end of the year children can test for road safety drills learnt earlier in the year.

Other activities for children

Children at school can organise their own first aid clinic for treating simple cuts and wounds.

Older children can each 'adopt' a younger child to see that he uses the roads safely on the way to and from school.

Children can organise safe play areas for younger children at home or school and see that young children learn to play safely.

Children can make plays and puppets to teach about accident prevention. They can show these to others at school, waiting at clinics and at other village meetings.

6. Care of children with diarrhoea

The idea

Diarrhoea means frequent, watery stools. Often children with diarrhoea also have vomiting and a swollen belly with cramps. The stools smell different.

In many areas, diarrhoea is the most common cause of death in small children, especially those between six months and two years. It is more dangerous in children who are malnourished, and bottlefed babies have diarrhoea six times more often than breastfed ones.

Some of the children who die from diarrhoea die because they do not get enough food. However, the most important part of the treatment for diarrhoea is to replace the water lost through the diarrhoea or vomiting. If a child is given a proper mixture of fluid to drink from the beginning of the illness he is less likely to become dehydrated (dried out) and die.

Children can easily learn to make a special drink for use in cases of diarrhoea from water with some sugar and salt dissolved in it.

They can help to treat diarrhoea in their younger brothers and sisters by giving them plenty of this drink to stop the dehydration.

Who could introduce the activity to children?

Teachers, health workers and youth leaders can teach this treatment to children.

But — a warning! Whoever introduces the idea to children must take care because this treatment for diarrhoea may be different from traditional treatments. Parents and others will need to know what the children are learning and why.

All over the world there is a belief that those with diarrhoea should not be given food or drink. This is a great mistake:

Even those with severe diarrhoea can absorb food and drink.

Medicines are often not very effective, but anything that puts water back into the child, like mild herbal teas, helps to fight the dehydration.

Children with diarrhoea must be given food to help their bodies fight the sickness, and must be given plenty to drink.

The activity

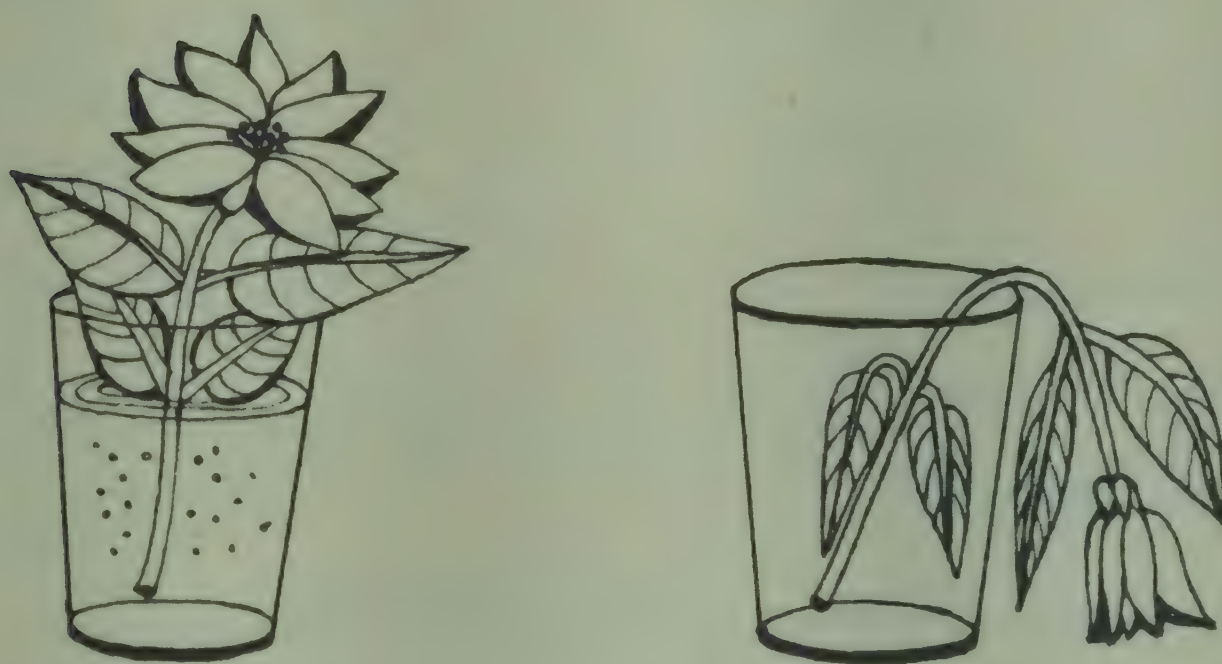
Helping children understand about dehydration

There are many ways to help children realise that living things need water, and the damage loss of water can cause. Here is one way:

The children can bring two cut plants to school and put one in water and leave the other without. They will soon see that one will dry up and die very soon.

Ask them why this has happened and see if they can relate this to a baby with diarrhoea.

Ask them what a baby needs so that he will not dry up (dehydrate).



Helping children understand the importance of giving water and food to the child who has diarrhoea

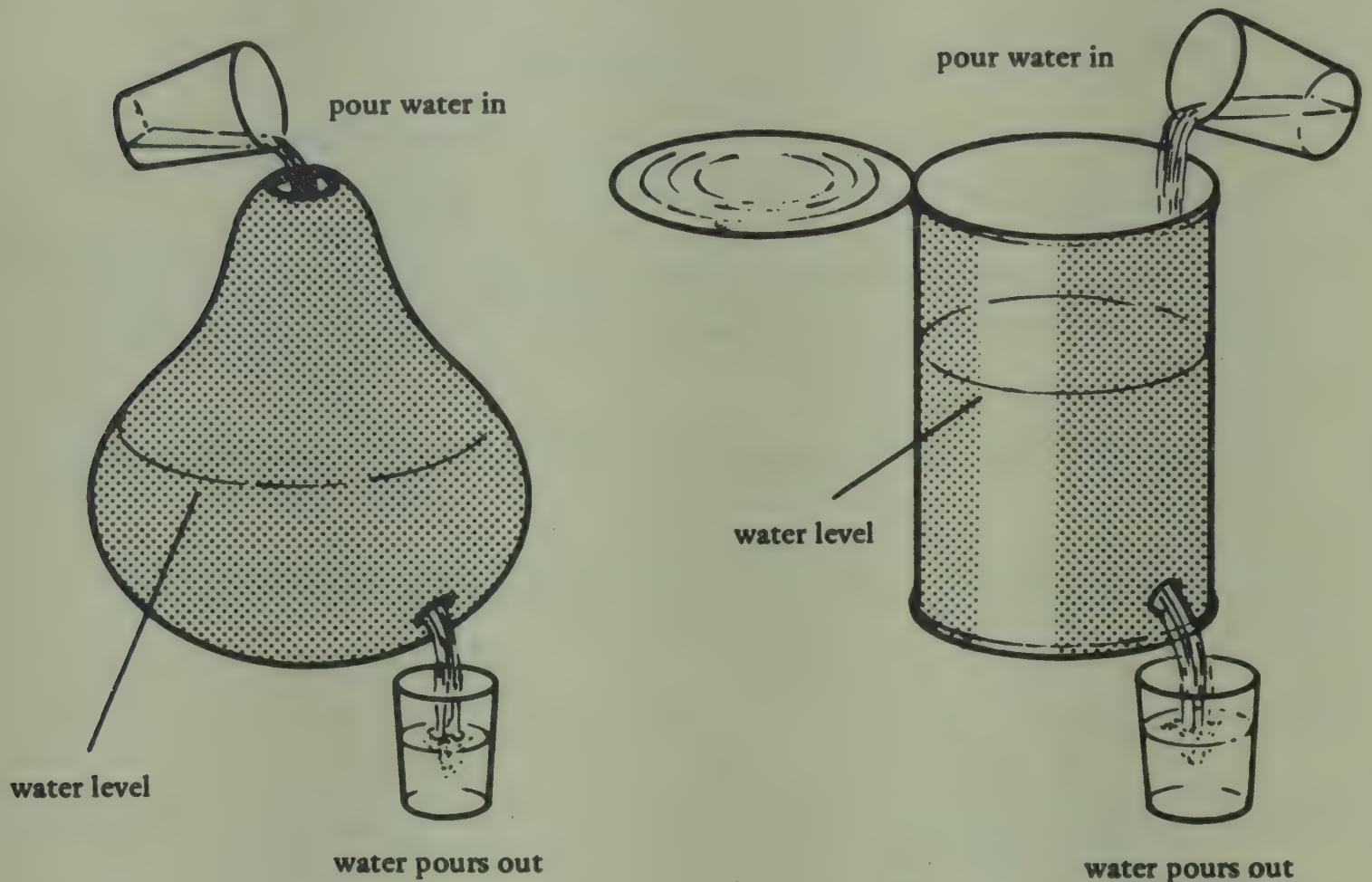
Help the children understand that it is important to give a person with diarrhoea as much water to drink as he loses through vomiting or the diarrhoea.

Use a gourd, old ball, tin or pot with a hole in the bottom.

Show that as long as just as much water is poured in the top as comes out the hole at the bottom, the water level in the container will not go down.

Let the children observe what happens when no water is replaced in the top.

See if they can relate this to a baby who loses fluid through diarrhoea and vomiting.



The Gourd Game

The Tin Game

Explain that a child with diarrhoea needs one glass of liquid for each time that he has a loose stool.

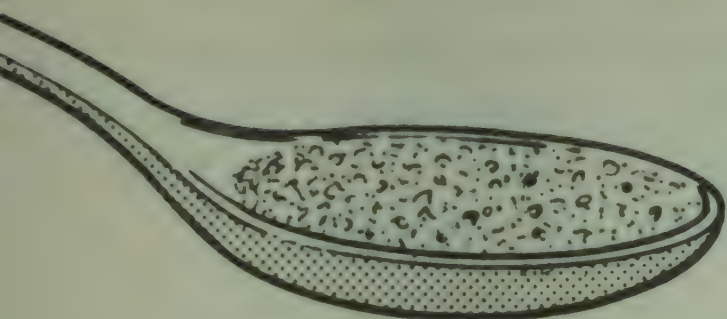
Helping to prevent dehydration by giving a special drink

Making the 'medicine'

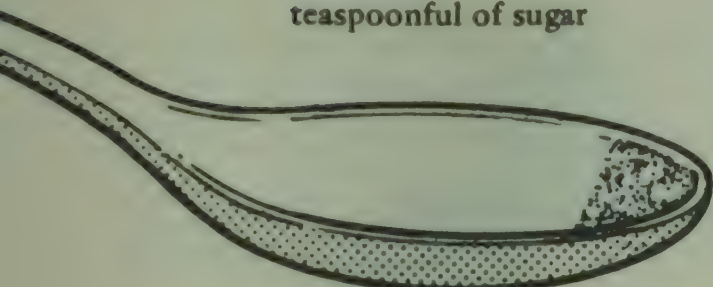
Many of the herbal teas and soups that mothers give to children with diarrhoea do a lot of good because they help to get water back into the child. Breast feeding babies provides both water and food and should always be continued.

A special drink can be made from sugar, salt and water, and is specially good for children (and adults) with diarrhoea. It can be simply made like this:

MIX: SUGAR + SALT + WATER



one level
teaspoonful of sugar

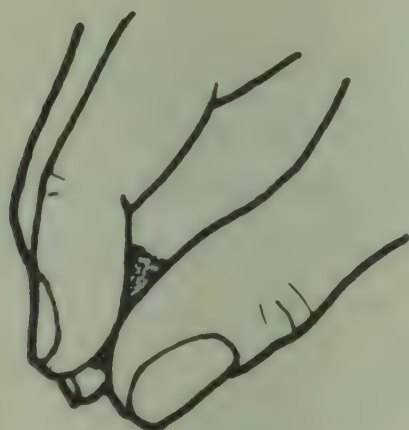


SALT

+ a little salt
at the end of a spoon



OR a scoop of sugar



+ a 3-finger pinch of salt



in a glass
of water about
this size

+ one glass of water

Show the children the size of the spoon to use, the size of the glass.

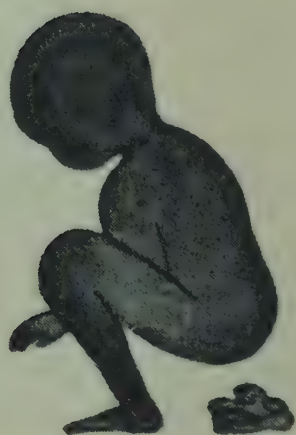
Make the mixture in the glass and taste it.

Have the pupils make a glassful and taste it themselves.

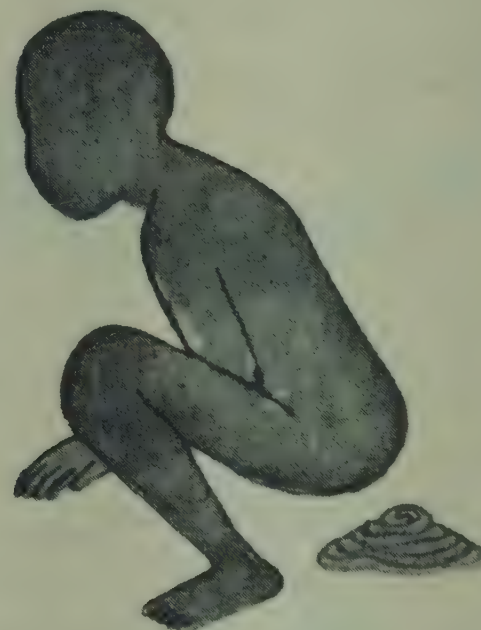
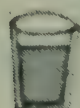
The 'medicine' will not work unless you use the right amounts. Always taste the solution. It should not taste more salty than tears; if it does throw it away and mix it again.

When to give the 'medicine'

Explain to the children that we give one full glass of this mixture for each time the child has a watery stool. Start giving the mixture after the first loose stool. Give the baby more drink if he is thirsty and wants it. Extra will do no harm. Keep giving the drink after each loose stool until the diarrhoea stops. If he vomits at first this will do no harm; just let him drink more slowly.



Child
1 glass each stool



Adult
2 glasses each stool

Recognising the danger signs of dehydration

It is important to recognise if a baby is badly dehydrated. It is then that the sickness needs special care and treatment from the health centre.

The children should learn to recognise these danger signs. If they notice any of these signs they should tell an older person so that the baby can be taken to the health centre at once:

the baby with diarrhoea cannot or will not drink;

he vomits so much that he cannot drink;

he makes no urine for 6 hours (time from dawn to noon, or from noon to dark);

he has diarrhoea so often he cannot drink one glass per stool, or shows signs of dehydration;

he has blood in his stool;

the diarrhoea lasts more than 2 days.

Finding out how well the activity worked

Counts can be made each month (or after six months or a year) to see, for example:

how many children (or their mothers) have made the special drink for those with diarrhoea?

how many cases of diarrhoea have there been?

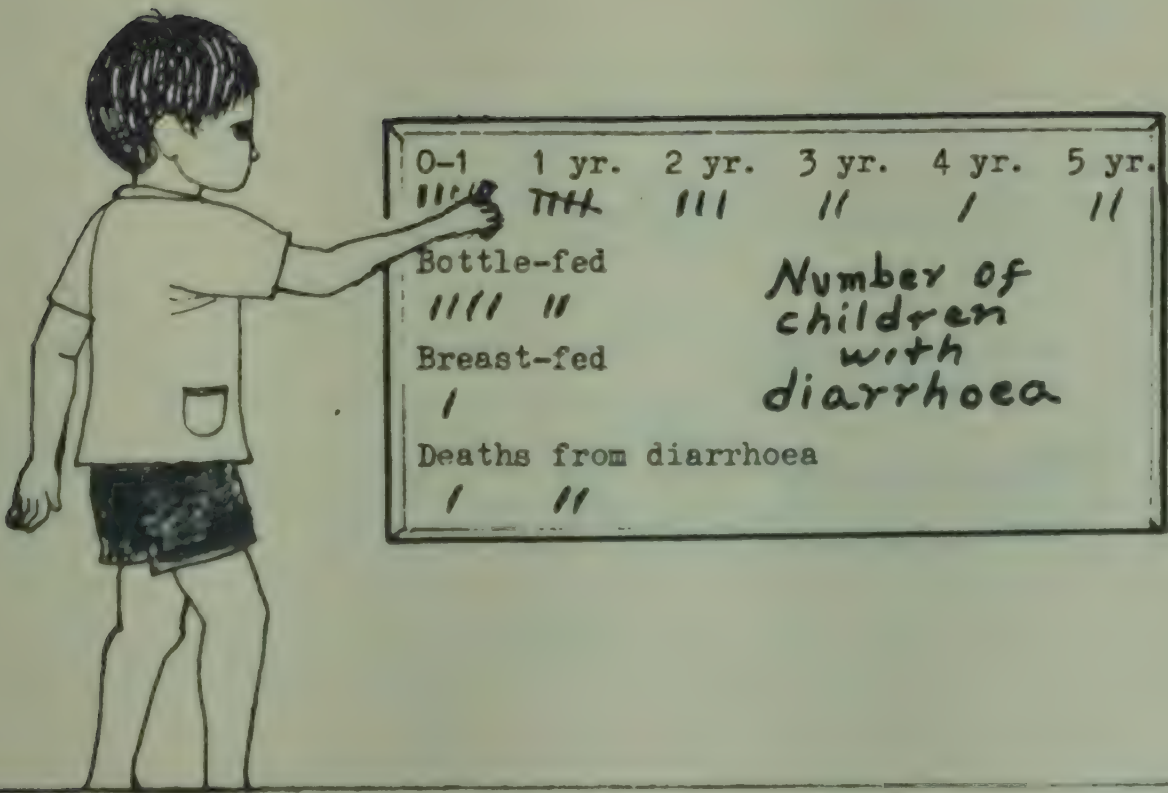
how many children have died?

Ask any child who has used the special drink for a brother or sister with diarrhoea to tell the story to the school. He can explain how he (or his mother) made it and used it and if it seemed to help.

Other activities for children

Children can give demonstrations to parents, child-minders and others to show how the special drink is made.

They can find out how many times their younger brothers and sisters had diarrhoea in the last year. By counting how many times children of different ages had diarrhoea, they can discover at what ages it is most common.

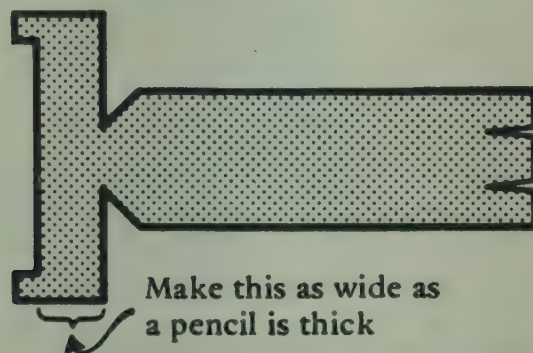
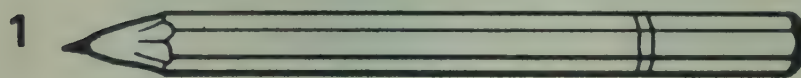


Children can make a measuring spoon for the special drink using local materials. Here is one idea:

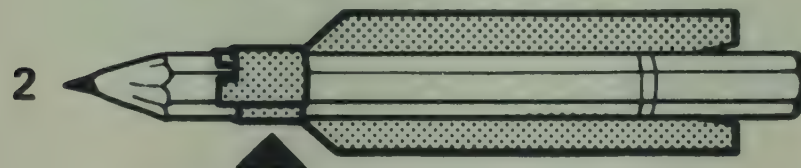
A spoon for making salt and sugar water for treating diarrhoea

There are many things you can do to make spoons to measure the right amount of sugar and salt.

Here is one idea:
(be sure to make the spoons the right size)



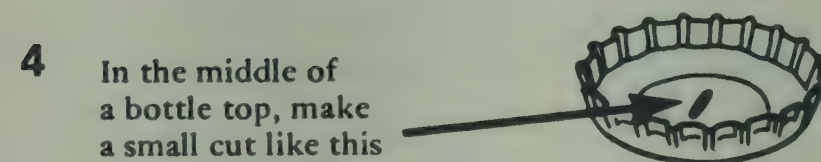
Cut a piece of metal like this



Wrap it tightly around a pencil like this

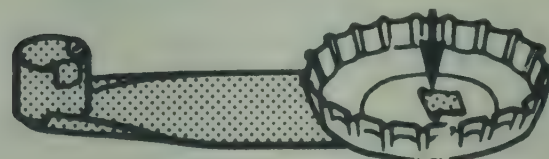


Remove the pencil and bend up the end like this



5

Put the spoons together as shown and bend the tab over



To make the drink for a dehydrated child

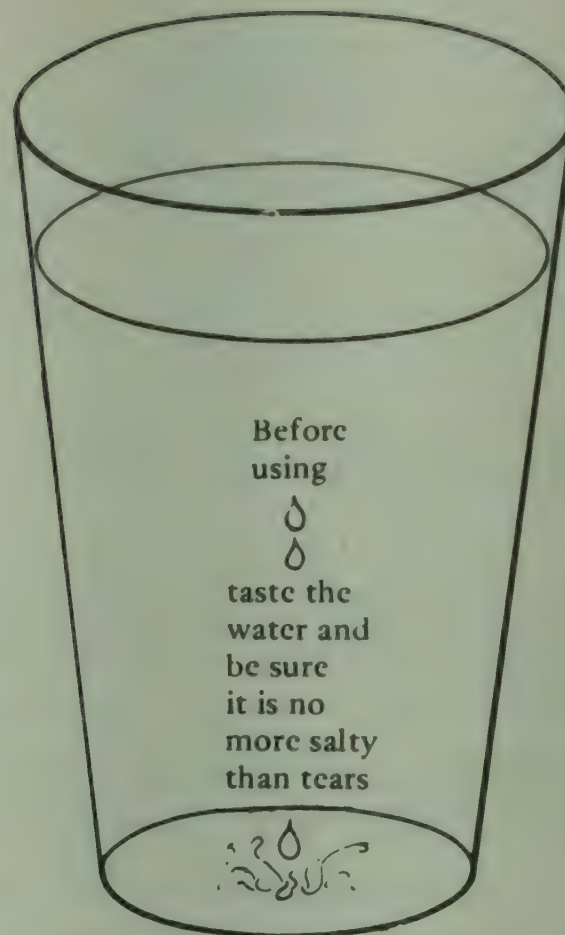
Heap the bottle
cap with SUGAR



Fill the little
spoon with SALT



And mix it in a medium-sized glass of water
(or a soft drink bottle or standard beer can
full of water)



7. Caring for children who are sick

The idea

Older children often look after babies and young children in the family particularly while mothers are away or working. They also help to look after young children in the family when they are sick. They can learn to prevent suffering and sometimes even save the lives of their brothers and sisters if they learn simple ways of caring for sick children.

Older children can learn how to make sick children comfortable and how to help them get well again. They can also learn to recognise certain danger signs in an illness so that they know when to seek help by telling the mother or by getting help from a health worker.

Who should introduce this activity?

Teachers of children in the upper classes of the primary school;

Health workers and community workers;

Youth leaders of groups in health and first aid programmes.

Those who introduce the activity to children should know about local health practices and community health programmes. They should take care to teach children only the things that are acceptable to the health workers.

The activity

Finding out about healthy children and about sick children

It is important to look first at children who are healthy. Encourage children to look at a young baby they know and discuss how they know it is healthy. Is it happy? Is it growing well? Is it active?



Healthy child



Thin undernourished child

They can talk about different parts of the body – arms, legs, eyes, ears, nose and in newborn babies the umbilicus (or cord). How do they look, feel, smell, in a healthy baby? How does a healthy baby or child use these parts of the body?

Children can tell stories about baby brothers and sisters who have been ill. What did you notice about them when they were ill? How did they feel when you touched them? Did parts of the body smell?

Children can talk about their own sickness. Do you remember being sick at home? How did you feel when you were sick (weakness, fever)? Is anyone in your family sick now? What does he look like and how does he feel?

Let the children find out about sickness at home in the past few months. Who was sick? How old are they? Who helped look after them when they were sick (grandparents, parents, neighbours, aunty, older child)? What was the sickness like? How was the sickness cured?

The children can describe what they found out. They can invite the health worker and tell her what they found out about the children, who the 'home nurses' are, how they help the sick person get well again.

Finding out the story of illnesses

Children can find out from the women in their family which are the most common and dangerous illnesses among children.

Lists can be made to show the most common illnesses like diarrhoea, pneumonia, whooping-cough, measles, malaria, worms, skin problems.

They can find out from mothers and other adults how serious illnesses began and how they developed. How did the sickness begin? What happened after a few days? How was the sickness treated? Did the child get well again?

FOR EXAMPLE: The Story of Whooping-Cough



Tomi played with a boy who coughed with a whoop

A week later he started a cold with fever, runny nose and cough



Two weeks later the cough got worse; Tomi coughed rapidly many times before he could breathe



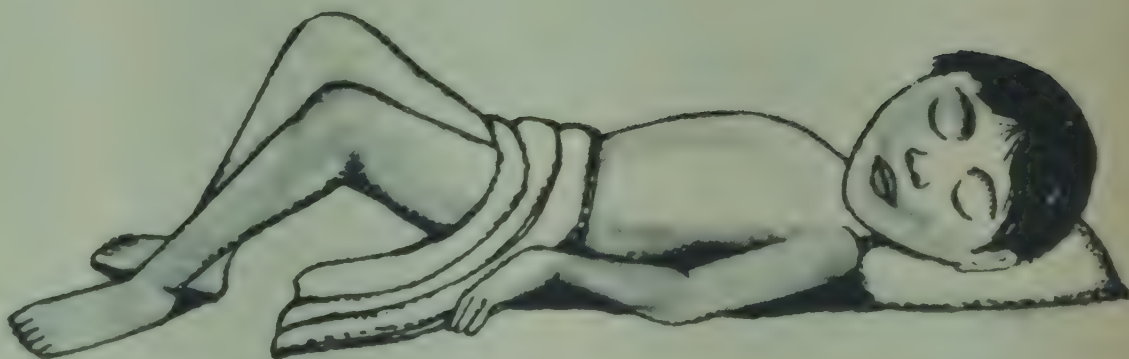
He coughed and coughed until he coughed up a plug of sticky mucus, and his breath made a loud noise – 'whoop'. While he was coughing his lips and nails turned blue



AND THEN WHAT HAPPENED?



He got better (whooping-cough often lasts three months or more)



OR

He got worse (pneumonia, unconsciousness or fits)

He died

HOW CAN WE PREVENT IT? – VACCINATION

Children can use this information to make a set of health readers — 'The story of pneumonia', 'The story of malaria'. These could be read to other children at school. They could be shown and read at home and at the clinic.

What children can do to help at home when a child is sick

Discuss with the children what happens at home when a child is sick. The family is worried. Perhaps the parents are up a lot at night with the sick child and are very tired during the day.



Older brothers and sisters of the sick child can help their parents with the work.

Let the children think of ways to help parents when a child at home is ill — bringing water, collecting fuel, preparing meals, looking after younger children, doing errands.

Older brothers and sisters can help to care for the sick child. Children and babies who are ill need someone close by them all the time. Let the children think of ways to make the sick child comfortable:

if the sick child has a small pain, take a clean cloth dipped in clean hot water, wring it out and hold it against the painful part to ease the pain;

hold the sick child, tell him stories, sing to him;



let the sick child lie in a clean, dry, quiet place. Keep crumbs and bits of food out of the child's sleeping place.

for children who are very sick and do not move much, turn the child regularly and rub his elbows, heels and buttocks to prevent them from getting sore.

Older brothers and sisters can help the sick child get well. They often help parents 'nurse' the sick child.

Let them tell stories and act out how they helped their parents 'nurse' a sick child at home.

The older children can learn to do simple things like these:

giving lots of liquid — the sick child need lots of liquid to drink. Make sure he gets plenty to drink. Prepare the special drink which uses one bottle-cap of sugar and a pinch of salt added to a glass of clean water. (The instructions for making this drink are in the section 'Care of Children with Diarrhoea'.)

feeding the sick child — the child often does not want to eat. He may not feel hungry because of the sickness, or he may be very weak. The sick child may need many small meals rather than a few large ones. Give him a little food often. Prepare soft mashed foods, soups or juices which are rich in proteins and calories, for example, mashed beans with egg and a little oil added, and something sweet to eat.



cooling the skin and keeping it clean — it is important to wash the sick child's skin with clean water even when he has a fever. This helps to keep the fever down and keeps the skin clean. The clothes and wrappings of the sick child should be kept clean too. This prevents more sickness getting into the body from the dirty wrappings.

cleaning eyes and mouth — in some sicknesses the child's eyes become sore. Sometimes dirt and pus gather and infect the eyes and harm them. The child's eyes can be kept clean by bathing them with clean boiled water which is cooled and has a pinch of salt added. Often a sick child's mouth will become sticky or dirty from vomit. Help to keep the child's mouth clean by rinsing it with clean water (and perhaps a clean cloth dipped in water for very young children). If the lips are dry and cracked they can be wetted with water or a little oil.

The children will need to practise these things with the teacher. This can be done through pretend games and role playing in school — some children can pretend to be sick in bed; others can help make them better.

Perhaps then the health worker will allow older children to help at the clinic or with home visits.

Learning to recognise danger signs in an illness

It is important that children who look after sick babies should know when the illness is serious. They should be able to recognise certain danger signs. If they notice these signs they should get an adult quickly or help to get the sick child to a health worker as soon as possible:

Breathing problems

Breathing difficulty in babies and young children can be serious. This is often a problem in illnesses like pneumonia. If this is not treated immediately it can be the cause of death.

Let the children observe the difference in breathing between a child who ran fast around the building and a child who stood still. The one who ran fast will be like this:

breathing fast;

the soft side of his nose will be moving;

the lower part of his chest will be moving;

his pulse beat will be very much faster.

If children notice these same signs of difficult breathing in babies or young children who have not been running about, they should get help quickly.

High fever

The effects of a high fever can be dangerous and can cause brain damage. This can be a problem in illnesses like malaria, measles and others. Older children can learn to recognise the signs of a high fever.

Children can practise feeling their own body temperature and that of their friends. They can use the back of the hand to feel the front part of their partner's hand. They can discuss how skin feels when someone has a fever and compare it with their own now:

the skin feels very hot to touch;

the body may give sudden jerky movements (spasms);

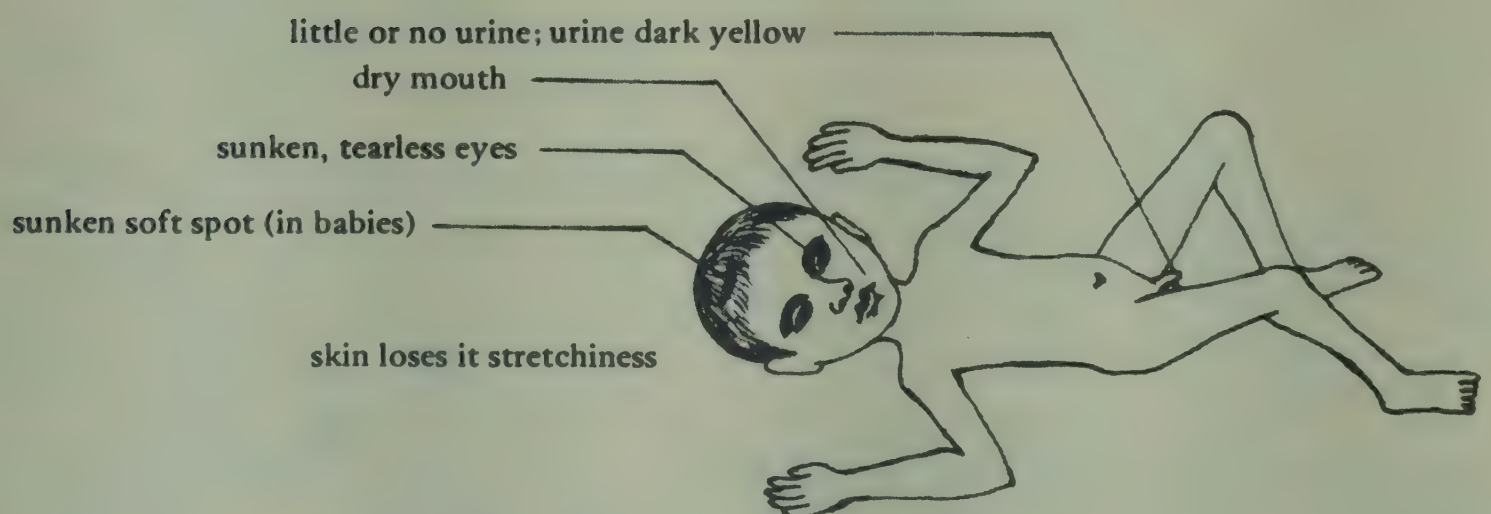
the sick person may mutter and not know he is talking (delirium).

If children notice these signs in a sick person they should tell an adult at once.

Dehydration (drying out)

If the body of a sick baby loses too much water he will dry out and may even die. This can happen with illnesses like diarrhoea.

If children recognise these signs of dehydration in a sick baby they should tell an adult or health worker immediately:



Infected wounds

If a child has a wound or cut that becomes smelly or has bubbles in it take him to the health worker for treatment as quickly as possible.

To help children remember the warning signs of a serious illness they can make jigsaw cards. On one side (when all the pieces are fitted together) write the name of the illness. On the other side, on each piece write one of the signs.

Finding out how well the activity worked

Any children who have looked after a sick brother or sister can tell about the sickness and what they did to help.

The children can make up a nursing quiz game to find out what they learnt: 'What would you do if . . . '.

The children can carry out a survey in their own family: 'Who looked after baby when he was sick?' They could keep a record until the end of the year. Which of us looked after baby when he was sick? How did we help baby and our parents?

Other activities for children

Children can use the spoon for the special drink (see the section 'Care of Children with Diarrhoea'). They can learn to mix the drink.

Children can find out from the older women in the family about 'nursing' customs. They could pass on this information to health workers.

The children can make up a play about nursing a sick child. They can show it to other children, to mothers and others at clinics, in meeting places.

8. Playing with younger children

The idea

Children everywhere spend some time looking after their younger brothers and sisters. This is as important as the things that their parents might be doing.

Children will often be told what *not* to do when looking after baby — ‘Don’t let her near the fire. Don’t let her hurt herself.’ But they are seldom told what to do. Yet if a baby is not played with she may grow up not being able to learn properly. This activity is to help older children learn how to play with younger children so that babies will grow up bright and alert.

Who introduces the activity?

Any means can be used to introduce this activity to older children: teachers, health workers, youth leaders, even the press and the radio can be used.

Whoever introduces these ideas to older children will need to explain to parents why children need to play, and help gain community support for those older children who want to help with child-minding groups.

The activity

Play and young children

Get the children to observe young babies in their household. Discuss with them the ‘play’ of young babies. What can they do at different ages? What makes them laugh? What makes them move their hands, their heads, their legs?

How can we help them to learn to do more things? Here are some ways. Let the children suggest others. Let them try them out with each other.

Young babies

They need to be handled as much as possible. They learn through being touched. Young babies like to look at things. They will look at a hand moving slowly in front of them or a mobile hung above their bed. They enjoy people hiding their face suddenly behind a corner or a piece of cloth. Young babies like to listen. They like to hear the sound made by stones rattling in a tin can. They themselves can play with a dry seed pod or other things that make a noise when rattled. They will turn to discover where hands are being clapped.

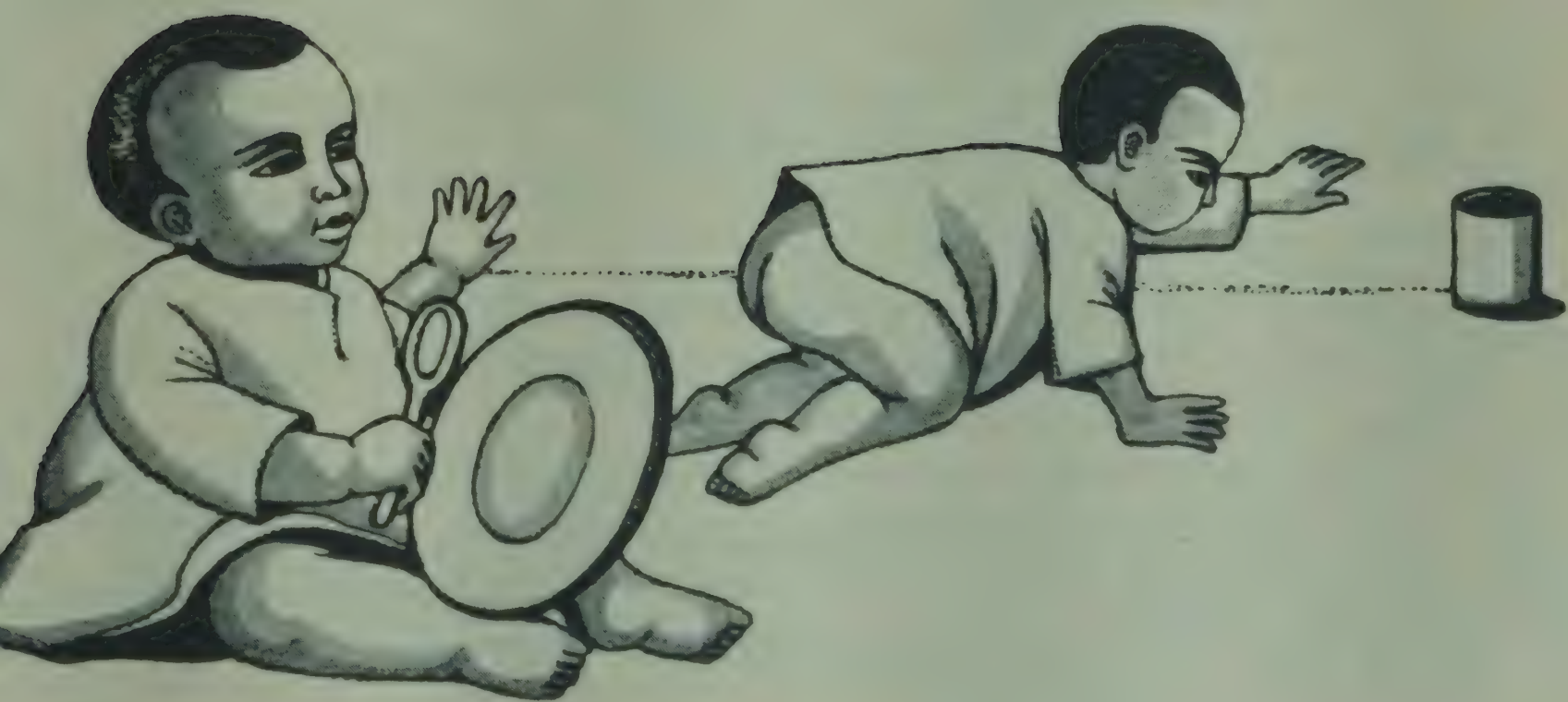
But most important, they like to be talked to. We should always talk with baby and encourage her to talk back. The sounds she makes are her own language, and language is perhaps the most important thing for baby to learn.

Babies learning to crawl

As well as the other activities babies like to learn to use their bodies. Put them on their stomachs so that they can push themselves up.

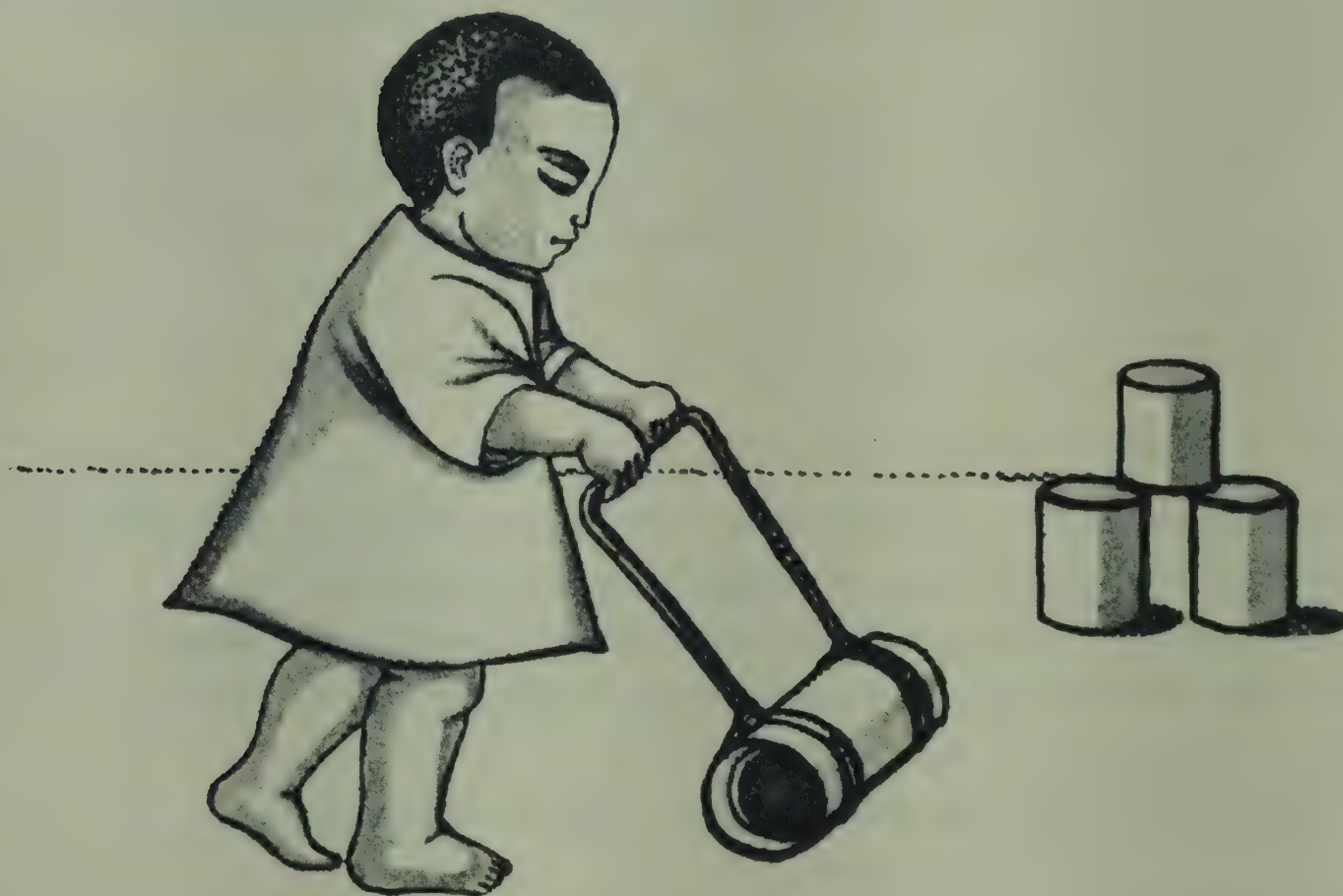
Help baby to sit. Put things just out of reach so that he has to find them. Give him spoons, sticks and noisy things like pans and tins to hit. Give him things to pick up and play with.

Always talk with him and encourage him to imitate words.



Babies learning to walk

Help baby to stand. Be ready to catch her when she tries to walk. Baby likes to be thrown carefully up and down. Take her for small walks, show her things and talk with her about what you see. Give her things to push and pull.



Toddlers like to do things. Teach them to help when they are being dressed. They can learn to talk about their clothes and what they are doing. Give them matchboxes or tins with seeds and stones that they can remove. They like to climb into cardboard cartons and hide behind chairs.

Young children not yet ready for school

At this age children are very active and always learning. They need to be given a lot of challenge through many different kinds of play. Older children can do this by playing with the young ones.

Let the older children talk about young children they know. They can try to remember about themselves when they were younger. What can young children do for themselves at different ages? What things do they like to do on their own? With other children? What games do they play? What new games can we teach them?

Different kinds of play

There are many different kinds of play. Let the older children think of games from their own area. Discuss them: Who plays them? — boys? girls? babies? Are they played alone? in pairs? in groups? Do they need materials? — a special place?

Here are some examples of different kinds of children's play activities. The older children can think of ways to try them with their younger brothers and sisters, or younger children at the school. Let them select some to try out in the first classes of the school.

Water, sand or mud

Given a few materials children can play with water and sand for hours. Provide different sized tins, gourds or calabashes. Put holes in some of them. Pawpaw, banana stems and bamboo make good pipes and gutters. Tins, seed pods and pieces of wood make boats. Hollow reeds and soap can be used to blow bubbles.



Building games

Maize cobs, matchboxes and scraps of wood can be used by children for building. Soft pith from palm fronds, grass stalks and thorns are used for constructing. Sisal bark and other materials can be used for weaving.



Sense games

Scraps of cloth, shells, almost anything can be put into bags for children to identify by feel only.

Scraps of soap, onion, flowers and so on can be wrapped in pierced pieces of paper to identify by smell only.

Objects can be put into tins to identify by sound only.

Pretend games

Children love to play mother or father or teacher. Try to provide a variety of materials that children can use to make these games more interesting, for example materials for making house, preparing food, making dolls, playing at shopping.



Adventure games

Children like to run and play tag games. Fallen trees and steep banks are good places to climb and to slide down. Simple swings can be made. Old tyres are good to roll and to climb through. Stilts can be made with big tins and string. Large stones can be placed so that children have difficulty stepping from one to the other.



Taking things to pieces

Children learn from finding out how things work. Old pieces of cars, broken clocks, locally made animal traps, anything safe will do.

Playing with the sun

Children can play tag with their shadows. They can draw round their shadows in the dust. They can make the shadow of their finger point at stones. They can make their shadows stand on, carry or kick other children's shadows. Children can play games with mirrors or shiny pieces of tin.

Other games

Many other games are played that children can learn from. Flying kites, playing with tops and hoops, clapping and counting out games, hopscotch, skipping and other similar games are good for children to play.

Riddles, songs and stories

Language development is very important. The stories, songs and riddles which children learn give them confidence in using language. They also help the children to understand their culture and its values.

Collecting and using materials for play

Often the games children play need no special materials but it is also important that children learn to use materials of different kinds. This helps them to experiment, to use their imagination and to use their eye and hand muscles.

Let the children make a set of materials collected locally. Let them make simple toys and think of activities for using them with younger brothers and sisters, or younger children at school.

What play materials can we find?

Older children need time to discuss where in the community they can find play materials:

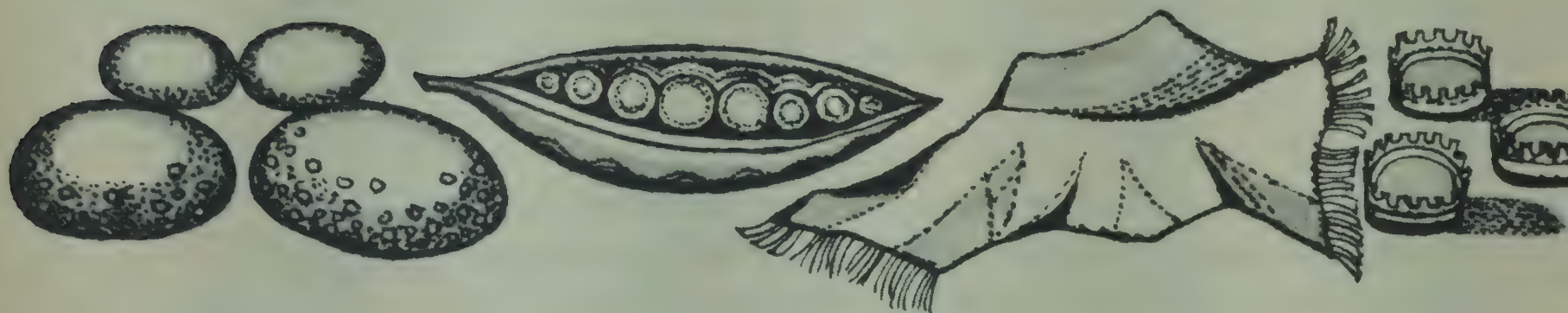
at home children can find such things as sand, gourds, old tins;

in the community children can find such things as grasses, stones, seed pods;

in local shops children can find such things as scraps of cloth, bottle tops, cardboard cartons;

from local craftsmen children can get such things as scraps of wood, metal, leather;

from local industries children can get such things as pieces of lumber, broken car parts, waste packaging.



When can we make play materials?

School time can be made available for children to make play materials. Toys can be made during craft lessons. Books, posters and charts can be made during handwriting lessons; paints can be made during art lessons.

Who else can help us?

Craftsmen and parents may also be needed occasionally to provide skills and labour.

Schoolteachers can help children to raise money for some materials.

Headmasters help make arrangements for the school to be used for playgroups, and may need to arrange the timetable so that older children can do many of these activities for children in lower classes.

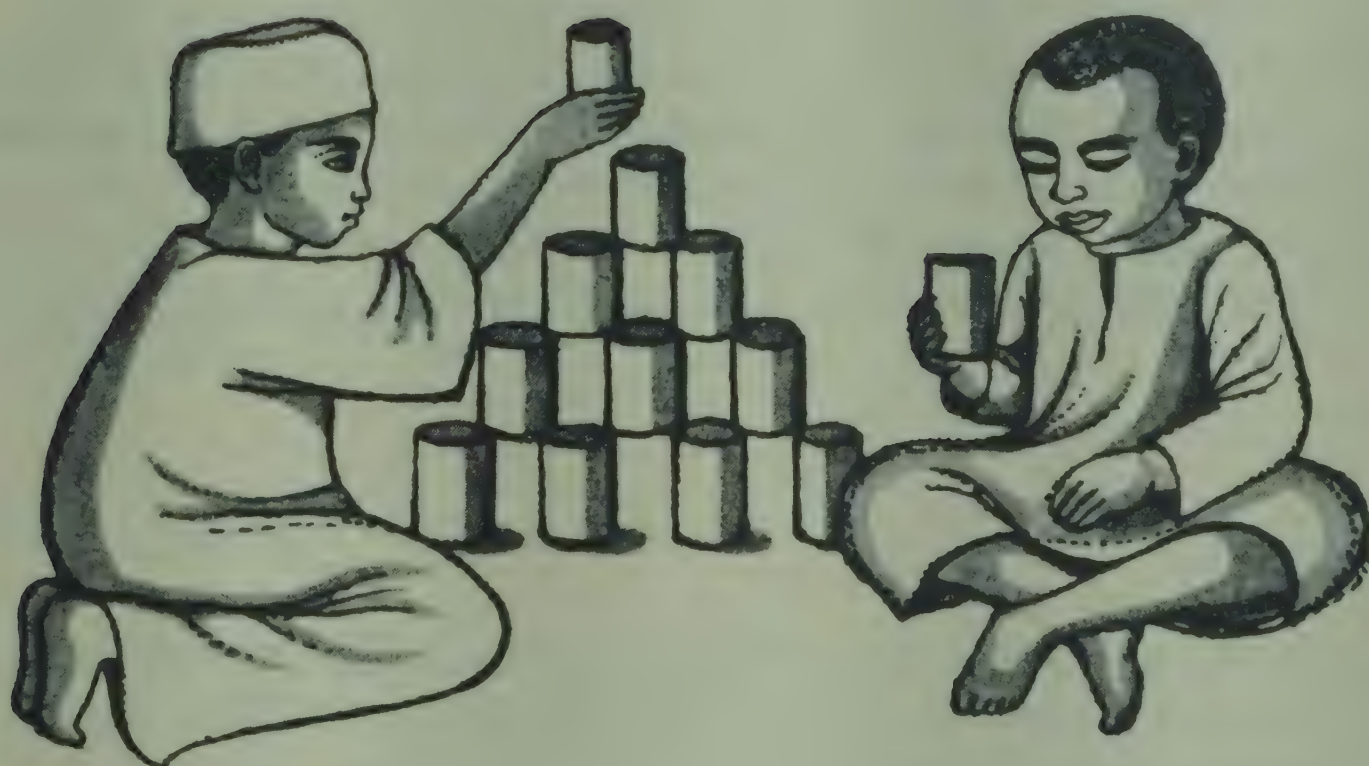
Local women's groups, religious groups and political and cultural organisations may be used to explain to parents why children need to play.

Shopkeepers and local businessmen can help by putting their 'waste' materials ready for us to collect.

How will we use these play materials?

Collections of scrap paper, cardboard and newspapers can be used for young children to paint on. Paints can be made from inks, dyes or local plants. Brushes can be made from chewed sticks.

Matchboxes and small tins can be filled with such things as small seeds, or be used to put things in and take things out of.



The older children can talk about the different shapes and sizes of containers collected for younger ones to use when playing with water and mud.

They can provide materials for water that float and sink, that can be used to make water flow long distances, that water flows out of at different rates, that can be used for blowing bubbles.

Whenever older children decide to collect a set of materials for younger children they should make the materials as interesting as possible and think about all the different things that children can learn by playing with the materials.

When babies grow older they learn by doing complicated things with their hands. Older children can think of materials that can be used by young children for building, materials that can be used for weaving and cutting and drawing and pasting and games like cat's cradle that encourage young children to be clever with their hands.

When babies grow older they learn by sorting things. Younger ones can be given many things to play with and sort, for example, flowers of different colours and smells, scraps of cloth of different textures, dull things and shiny things, big things and small things.

When babies grow older they learn through using their bodies. Older children can design games of throwing and catching, jumping and skipping, climbing and sliding that help the younger children use the muscles in their bodies.

When babies grow older they learn through talking and listening. Older children can collect stories, songs and riddles for younger children. They can think of opportunities when young children are playing of encouraging them to talk. They can think of what opportunities can be used to introduce phrases like 'bigger than, smaller than, the same as, smoother, rougher, heavier' and other phrases that are used to compare things with each other.

Organising play

Older children will need to think of the ways in which they can help younger children at home, at school and around them to play better. There are many places in which they can help:

- at home where children already play, older children can be encouraged to make a special place. They can have a special box for babies' play materials;

- in crèches and nursery groups, older children can be encouraged to help the nursery schoolteacher by organising games, making materials for play or telling stories to little ones;

- at school older children can be encouraged to organise areas in the school grounds that can be used for play in the evening and at weekends. They can help to organise play areas and materials for the younger classes;

- at clinics and other meeting places the older children can help by providing play materials for young children attending with their parents.

If the children want to help organise better play for younger children they will need to know how to go about it by:

- talking things over and planning how to bring play materials into their homes;

discussing with the nursery schoolteacher and the child-minder how best to help;

persuading the headteachers and community members that the school or meeting place can be used to set up a play activity.

Finding out how well the activity worked

Ask the children to bring and show any new toys they have made for their baby brothers and sisters. Tell about new games and stories.

Ask the nursery teacher, clinic sister, or class one teacher if they have noticed young children using any new toys or playing any new games.

Get the children to look at the school grounds and the classrooms. Are the toys, games, play areas they made in good use?

Other activities for children

Many children look after very young children while parents are away or working. The older schoolchildren (or youth group members) can be divided into small groups, each group being responsible for a certain number of houses. These groups can then take play activities to the housebound children.

Older children can make drawing books, puzzle pictures, jigsaws for their brothers and sisters not at school.

Older children can make a 'play box' of materials to be used at clinics and other meetings where children attend with parents. They can organise themselves as 'play leaders' to help look after the children.



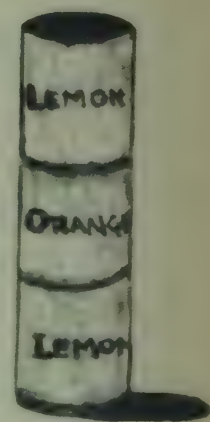
Puppets



Pictures to cut up
for puzzles



Block and tins
for building



9. Better food



This child is well-fed,
healthy and happy



This child is thin,
often ill and
miserable.
What is wrong?

The idea

Children need plenty of food. They need the right kinds of food. They need food in order to grow, to be active and to learn. If they do not eat enough food, they get thin and are often ill. Babies especially need enough healthy food to grow, learn and be active.

Often older children are responsible for preparing food for younger ones. The ideas in this activity are to:

- help children understand the importance of the right foods to grow well;
- show children how to prepare a healthy meal for babies and young children.

Some of these activities can be used with younger children, some with older.

Who can introduce the activity to children?

Health workers at a school or clinic could introduce the activity; teachers; Guide, Scout and other youth leaders; parents and other adults may be able to stress the ideas, possibly relating them to festivals where food is eaten.

Remember: food customs vary and for many reasons. Changing eating customs is very difficult. It takes a long time and so if the ideas here are new, to parents, it will need careful planning before the teachers introduce the activity to children.

The activity

Food and growing

Children can be helped to understand the connection between food and growing.

They can look after an animal. For example, they could follow the difference in growth of two caterpillars. One is given plenty of leaves and the other is seldom fed.

After several days the difference in growth can be compared and discussed. The children can see how quickly the well-fed animal grows.



Help the children see that babies also need enough healthy foods if they are to grow well.

Let each child find out at home what his younger brother or sister eats during one day. How much do they eat? How many times in the day do they eat? What kinds of food?

If possible ask one or two mothers to bring their babies to class. Or get children who have babies in their family to describe them.

Compare babies of different ages:

less than one month;

about four months;

about 6 to 9 months (sitting but not yet walking);

1½ to 2 years old.

Young baby
breast feeding



Baby, 4 months
is fed soft food,
fruit or vegetables,
AS WELL AS
breast milk



Baby, 9 months,
eats mashed food



Child of 2 years
feeds herself with a
full plate of food

How big are they? What can they do? What kinds of food do they eat?
Discuss the differences at each stage and stress the importance of foods
for growing. Stress that:

breast milk helps babies grow;

extra food, as well as breast milk, is needed for babies from 3 months on;

young children from 1½ – 2 years need a lot of food. They are growing
fast.

Food for growing children

Young children who are growing fast need to eat often during the day.

A 2-year-old needs half as much food as an adult. However, the 2-year-old
only has a small stomach and he cannot eat the large meals an adult needs.

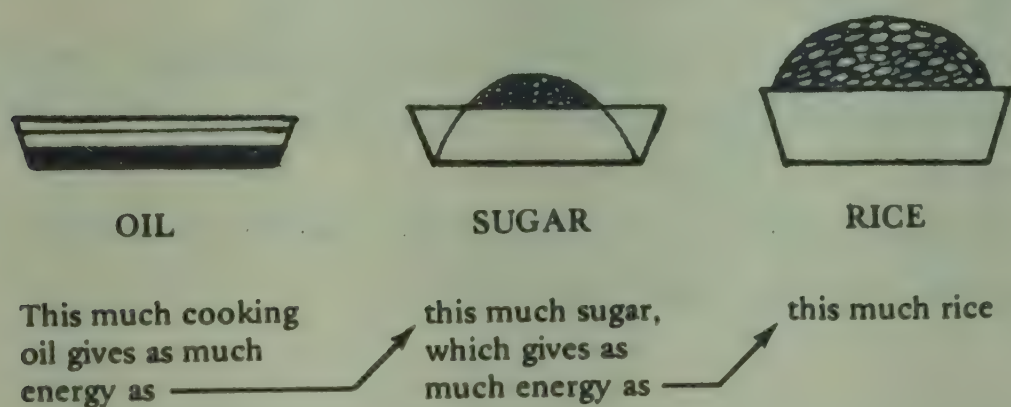
cassava flour	2 cups	(350 g)
maize flour	2 cups	(340 g)
rice	1½ cups	(340 g)
sorghum flour	2 cups	(340 g)
yam flour	2½ cups	(380 g)

Show this amount to the children. Let them decide how much of this their 2-year-old brothers or sisters can eat.

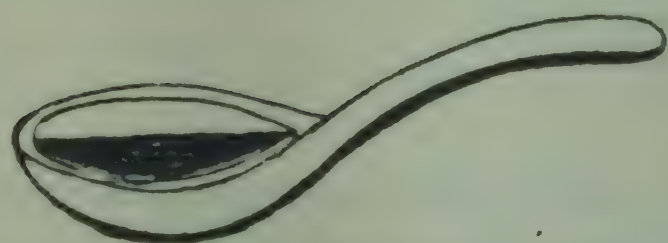
From this the children will see that small children need to eat 3 to 4 meals during the day to get all the energy they need.

If young children eat some high energy foods as well as their staple food, they will not need to eat so much bulk. High energy foods are sugar, palm oil, fat, coconut oil and groundnuts.

Show the children that:



If possible small children should eat a mixture of food which includes beans, peas or dhal together with some oil. The oil may be mixed in with the food or the food may be fried in it. In this way, for example, a tablespoon of oil will replace a quarter of a cup of rice.



=



1 large tablespoon of oil

¼ cup of rice

Food for sick children

Children who have fever or any other illness need *more food* than children who are well.

Discuss with the children a brother or sister who has been ill. What food was he given? Did the child eat less? Did he become thin?

We can try to stop a sick child from becoming thin if we help him to eat often and as much as possible. Foods that a sick child needs are drinks with sugar in them and soft foods that are easily eaten.

Just as soon as the fever goes, or the illness is better, the child will need to eat even more food than usual to make him strong again.

Finding out if our children get enough food

Sometimes children are thin because there is not enough food in an area. When this happens everyone else is probably thin too.

Sometimes there is enough food in an area but some of the children may be thin. There may be several reasons for this, but often it is because the child is not getting enough food to eat.

We can measure a child's arm to discover how thin a child is and if he needs more food. If he is too thin his parents will need to know so that they can help him eat more.

But it is best for a health worker to talk to the family about this. There may be other reasons why the child is too thin.

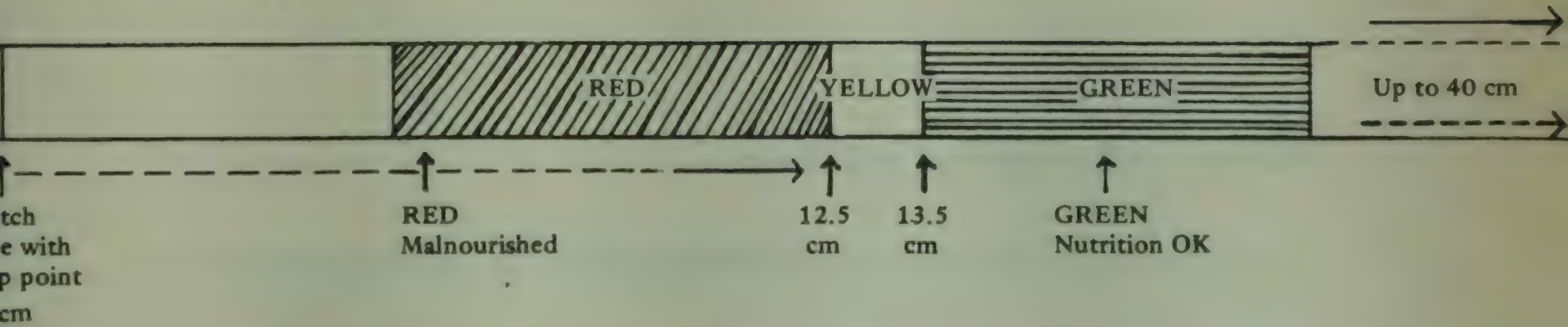
Children can make the special measuring strip — a 'Shakir strip' — to measure the upper arm of young children. This measuring strip can tell us three things:

- if the measurement shows green it tells us the child is growing well;
- if the measurement shows yellow, it tells us the child may need to eat more;
- if the measurement shows red it may be that the child is too thin and needs more food. The health worker needs to know so that he can check this and find the best way to help the family.

The children can make a measuring strip and practise using it on each other in class. Perhaps if the health worker agrees the children could help him measure young children at the clinic.



The measuring strip: the Shakir strip



Use a strip of cloth, paper, plastic or old X-ray film (washed clean). It is important that what you use does not stretch and that the measurements are made carefully.

CHILD-to-child action

Children could plan and cook healthy meals at school. This could take the form of:

eating breakfast together at school, for example, once a week;

cooking and eating lunch together at least once a week. Grades 3 - 6 could take it in turn to cook for each other. Costs could be covered by children bringing one helping of staple food, or a small contribution for a protein dish and for vegetables (if not available from the school garden).

Young children could be encouraged to plant a quick-growing fruit tree, for example, pawpaw, in a pot or similar container. They could watch it grow. They could then plant it in their garden at home.

Each class in the school could measure the height, and if possible the weight, of everyone in the class. Grades 5 and 6 could also help measure the younger children. All these measurements should be written up on a poster on the wall. This activity can be carried out every 3 months and results compared.

Finding out how well the activity worked

Children can keep a record of how many times in the week they eat energy foods.

Children can talk about how they helped younger brothers and sisters get well because they gave them drinks or food.

Other activities for children

There are many activities which can help children to understand more about food.

Children could make model fruits and vegetables from clay, leaves or other

material. With these a 'market' could be set up. Children could make play money to buy food for the family. They could plan and buy the 'best diet' for their family. They could plan the cheapest healthy menu.

Children could visit the local market to observe prices of foods there. They could plan a menu of the foods available in the market.

Each class could plant vegetables and fruit trees in the schoolyard or on neighbouring land. The produce could be taken home, used in school meals, or sold.

The school could take care of fish or eels in ponds in the grounds.

Older children can prepare a meal for parents at school at end of term. They can make a play about the child who grew well because he ate good foods.

10. Better health habits

The idea

Being healthy and staying healthy is a result of good health habits. A community that has good health habits:

- is clean and pleasant to live in;
- has people who are strong and not often sick;
- has people who are kind and care for all who live there.

Children begin to learn the health habits of their community from the time they are young babies. We can encourage the right health practices in children so that they become good habits.

Older children can help develop good health habits in younger children so that they learn how:

- to keep their surroundings healthy;
- to keep their bodies strong and healthy;
- to live in a happy, healthy way with others.

Who can introduce the activity to children?

Teachers can involve schoolchildren;

Health workers and volunteer health workers can tell children at school or in out-of-school activities;

Guide, Scout and other youth leaders can help;

Press, radio, posters and songs can all be used to spread these ideas to children.

The activity

A happy healthy school

Children at school or in youth groups can be encouraged to discuss and make up their own rules for keeping their surroundings healthy:

clearing away rubbish and having it in special places;

keeping holes free of water and mosquitoes;

storing materials and equipment;

keeping the play areas safe.

They can form 'health patrols' who are responsible for seeing that these habits are kept.

Sometimes children (and adults) lose their tempers or do things which seem cruel or unkind. Discuss these feelings with children:

make up stories and games that help children realise the needs and feelings of others;

let them decide what is the kind thing to do in these difficult situations, for example, when children fight, or steal, or tease each other;

they can make up a play about a difficult situation like this, perhaps based on something that has happened to them. They can tell how it was solved in a kindly way;

the older children can each be made responsible for a younger one to help him if he is in trouble of any kind.

Healthy habits

Healthy skin habits

Children often have skin diseases like ringworm, scabies, or itches from insect bites. Good health habits can help prevent these.

The following are some common skin conditions. Children can discuss them and how to prevent and cure them.

Ringworm

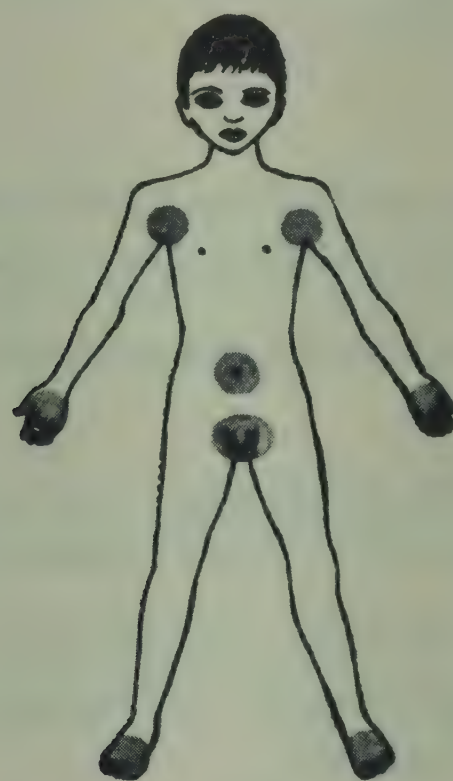
This can follow a cut or a prick. On the head hair falls out in a round patch, and a large swelling can grow. On the rest of the body ringworm looks like red scaly rings, sometimes with swellings and spots with yellow matter in them.

If a child has ringworm it is important that other people do not share his comb, brush, razor or scissors.

A ringworm cream from the clinic may help cure it. Often tablets are needed.



Ringworm



Scabies

Scabies

This is an itchy skin disease. The insect is very small and lives in the skin. The insect bites in the dark, and at night, especially on the fingers, feet and buttocks.

If someone in the household has scabies everyone who lives there will need to be treated. A special lotion from the dispensary is needed. This is put all over the body.

All bedding and clothes need to be changed and aired.

Lots of insects bite us and make us itch. Flying insects like mosquitoes and gnats bite skin not covered by clothes and make itchy lumps that last a day or so. Some of these insects breed in pools of water, so clearing the water will get rid of the insects.

Insects like fleas and mites get in clothes and on animals, and can live in bedding. Keeping animals like dogs, cats and chickens out of the house will keep these insects out too.

Lice can live in hair and clothing. To get rid of them you need to clean bedding and clothing and to get a special lotion from the dispensary for washing the hair. Treat everyone in the house or class.

Itching



Mosquito



Flea



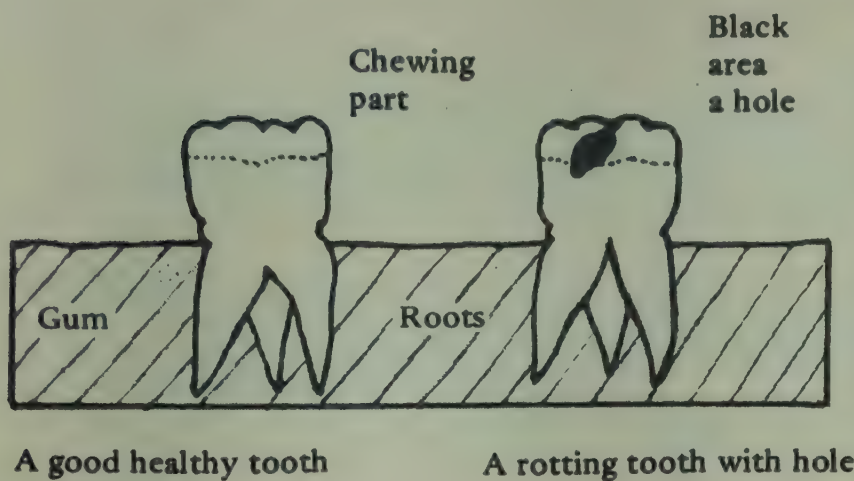
Louse

The children should learn to recognise these skin problems. They can organise regular inspections at school. If they see other children with any of these skin problems they can tell them how to get the right treatment.

Healthy teeth habits

Children should understand the importance of caring for their teeth every day. They should brush their teeth after eating, with a brush or brushing stick. They should not eat too much sweet food or fizzy drinks. These may rot teeth.

Let the children look at each other's teeth. When children were looking at teeth, did they notice that some teeth were black? Did they notice that some teeth have holes in them? These teeth have decay and are rotting.

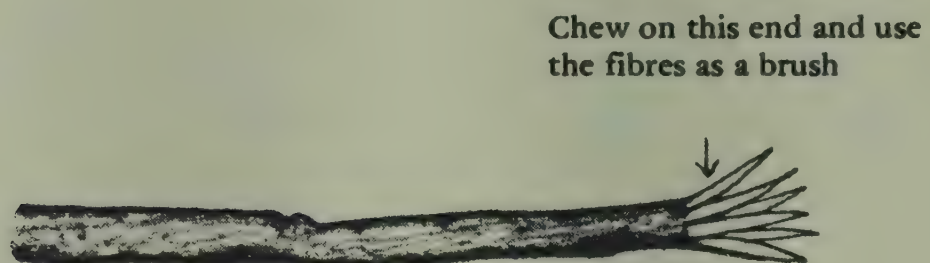


The hole needs to be filled by a dental worker. This may not be possible. The children could suggest local pain killers to put on the tooth. However, this does not stop the tooth from rotting.

Teeth go rotten if you eat a lot of sweet food, for example, cakes, fizzy drinks and sweets. Here is a simple experiment, if you can find two teeth (for example, teeth from children whose first set is falling out). Drop one in a fizzy drink (for example, Coca-Cola or Fanta orange). Drop the other in water. Leave them overnight. Look at them the next day. The tooth in the fizzy drink rots. The tooth in water does not.

The children can learn to brush their teeth the correct way. If they have a toothbrush show them how to use it.

Let each child make a brushing stick, which looks like this.



Use the twig of a tree

Practise using the stick or toothbrush. Show the children how to brush up and down the front, back, top and bottom of their teeth. They should *not* brush from side to side.

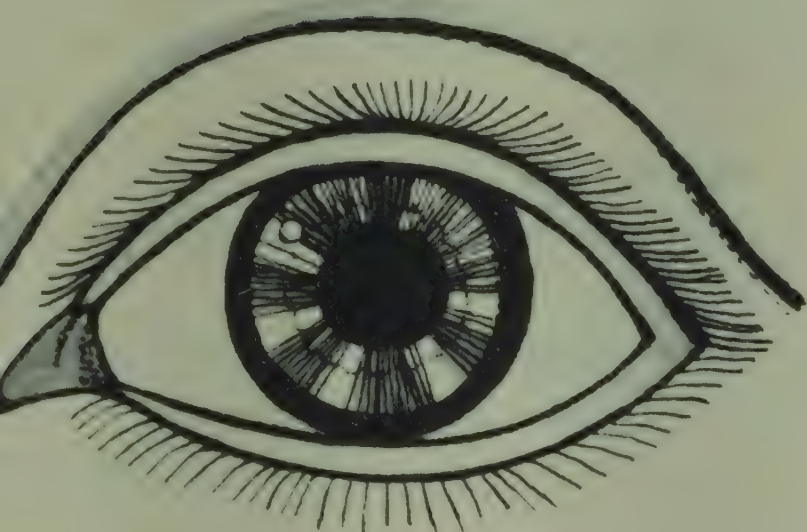
The children can bring their brushing sticks or toothbrushes to school each day and brush their teeth together before school.

They can make a brushing stick for their younger brothers or sisters at home and teach them how to brush their teeth well.

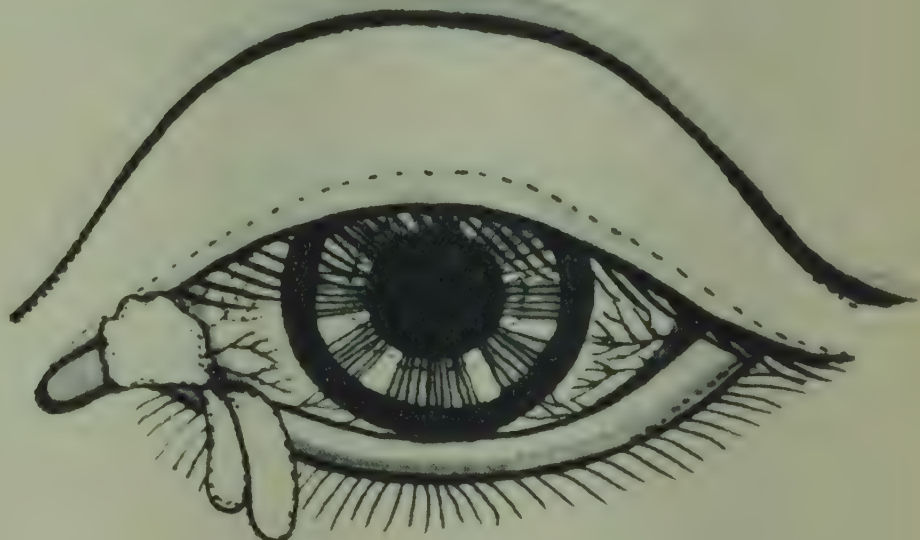
The children could learn to make 'toothpaste'. They can make a tooth powder by mixing salt and bicarbonate of soda in equal amounts. Just plain salt can also be used.



To make it stick, wet the brush or stick before putting it in the powder.



Healthy eye



Infected eye

Healthy eyes

We all want to have bright, shiny eyes. Care of our eyes is very important.

Children should understand that it is important to eat foods like dark green vegetables and yellow and orange fruits and vegetables.

The children could visit the local market or walk around the village, and make a list of all the dark green vegetables, and yellow and orange fruits and vegetables, such as spinach, cassava and pawpaw leaves and pawpaw fruit, mango and many others. Are these foods expensive? Who eats them? How are they eaten? When?

The older children can bring a piece of yellow fruit to school. They can share it with a younger child. They can try to see that their younger brother or sister at home eats some green leafy vegetable or yellow fruit each day.

Often children get sticky eyes. They get dirt or pus in them. Older children can learn to wash eyes with clean water to keep them clear and healthy. If they notice pus in younger children's eyes they should tell an adult. This can help to prevent diseases such as trachoma which may cause blindness.

Healthy ears

Discuss with the children how it might feel if you can't hear well. Ask questions like:

Do you know anybody who does not hear well?

Do you act differently with these people? Why?

How would you feel if you did not hear well?

The children can test each other's hearing in a game like this:

- | | |
|--|--|
| (1) An older child stands several metres behind a line of younger children who are about to enter school | (2) Beside each young child, an older child stands with pencil and paper |
| (3) The first child says the name of an animal
VERY LOUD | (4) The young children whisper the word to their older partner |
| | (5) And the older child writes it down |

Then the first child says names of other animals, each one in a softer voice than the one before, until at last he is whispering.

After a list of about ten animals has been said and the words that the younger children hear are written down, the different lists can be compared.

If any child heard a lot less words than the others he probably has a hearing problem. Let him sit at the front of his class. If possible he should be examined by a health worker, especially if he has pus in an ear or frequent earache.

Older children can help look after the ears of brothers and sisters. They can regularly look in the ears of their brothers and sisters to see that there is no pus or small object. If they do see anything wrong they should tell an older person who should take the child to a health worker for help.

Finding out how well the activity worked

Children can keep a chart and record on it each day if they ate green or yellow fruits or vegetables.

Each month they can do a check of their school. Check each class and give a prize for the healthiest group.

They can make a list of 'healthy habits' to notice.

Older children can give a 'brushing' test to children to see if they clean teeth the best way.

Other activities for children

Children can make a list of healthy habits to notice.

The children could do a play about their teeth. The characters could be as follows:

Jimmy Germ	— a bad man
Sammy Molar	— a good but rather stupid man
Mr Dental Worker and Mrs Brushstick	— two good helpful people who stop Jimmy Germ from attacking Sammy Molar

The play can be developed by teachers and children.

Sammy Molar tells Mr Dental Worker what it is like to be a tooth. He says how frightened he is of Jimmy Germ.

Jimmy Germ appears and tells the audience how he plans to rot Sammy Molar.

Mr Dental Worker and Mrs Brushstick discuss how to stop Jimmy Germ from attacking Sammy Molar.

Sammy Molar gets covered in sweet food. Jimmy Germ jumps on Sammy Molar who starts to go bad. He calls for help. Mrs Brushstick appears and pushes off Jimmy Germ.

Sammy Molar describes his lucky escape to Mr Dental Worker. He explains the importance of not eating too much sweet food, and of cleaning teeth.

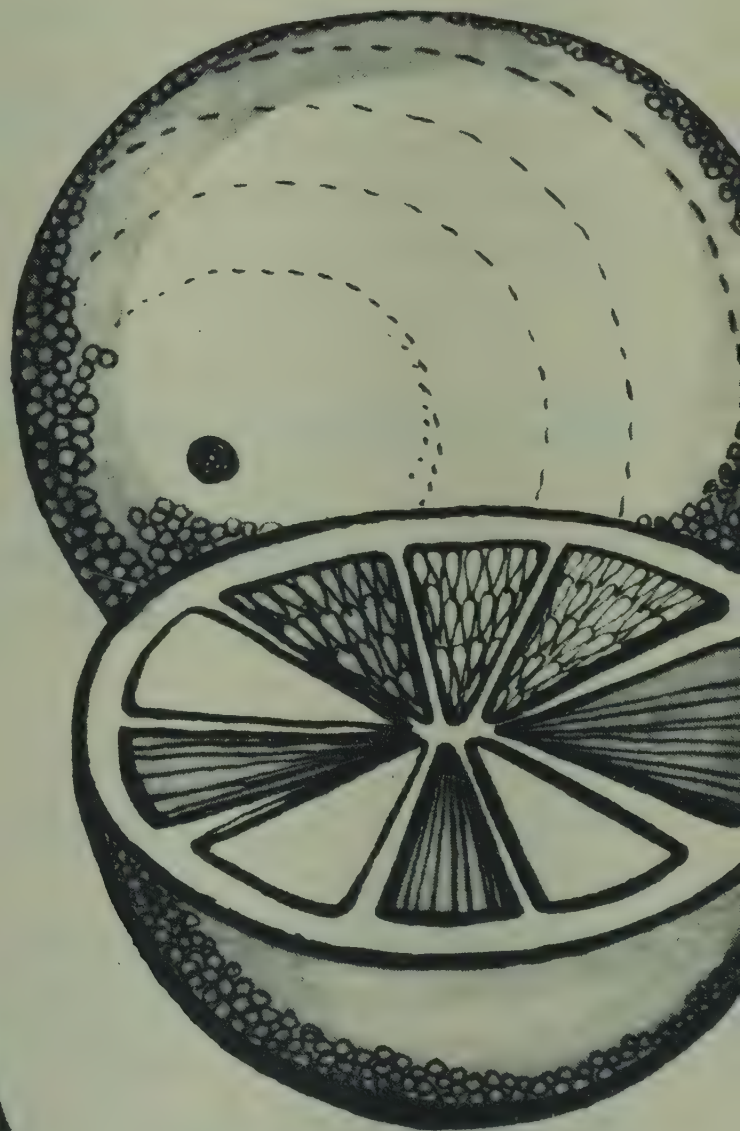
Children could plant vegetables in their gardens or trees producing yellow or orange fruits, such as pawpaw. They should eat many of these fruits and vegetables when they are in season.

Sometimes, if there is no rain, there are few dark green leaves. We can show the children how to dry leaves when there are plenty of them. A leaf is dipped into boiling water and then dried in a warm shady place. These leaves can be stored, and eaten when there are no leaves or vegetables in the gardens or market.

Mango



Papaya
or pawpaw



Orange

11. A word at the end

A glance at the first page of this book will remind our readers that many people from many different countries in the world have been involved in collecting the ideas in the CHILD-to-child programme, in discussing them and trying them out. This book contains only a few of these ideas. You, our readers, will certainly think of many more.

Those of us who have already been involved in this programme will never agree which of these ideas are most useful and important, for we all come from different countries with different problems and priorities. But we all agree that the central ideas of CHILD-to-child must come to stay. We must recognise what older children have done, are doing, and can do to help their younger brothers and sisters. We must take note of how children can help each other and help us all to make our communities better places to grow up in. We must realise how important it is for all the 'teachers' within a community to co-operate towards the goal of better child health.

We cannot expect changes to take place overnight. Real change, lasting change is slow. But if each of us does something towards making it happen then gradually change will come about. What can we do?

Already there is co-operation between different health 'teachers' within a community but this co-operation can always be improved. Let us try, each of us, to take one step closer together. The health worker can approach the schoolteacher; the schoolteacher can discuss with the adult education worker in each case to find one more way of making children healthier.

And let that way be a CHILD-to-child way. Try one of the activities in this book, or better still modify one of the activities to suit local needs and try it together.

Out of such co-operation comes a happier life for our children.

For further information on the CHILD-to-child Programme, please contact:-

CHILD-to-child, Institute of Child Health
30 Guilford St.
London WC1
England.



CHILD-to-child is an international programme for teaching and encouraging schoolchildren to concern themselves with the health of their younger brothers and sisters, or other younger children in their community. It includes simple preventive and curative activities appropriate to the local situation, which will usually be demonstrated and taught to the children in school for them to pass on within the family in the village or urban environment. However, there are no hard and fast rules and it is hoped that those concerned with the health of children and the community will design their own CHILD-to-child activities appropriate to local needs and suitable for older children to teach younger children. The programme is one of the projects of the International Year of the Child (1979).

This book is a book of ideas about how children can help each other and their communities towards better health. It has been prepared by the 'head office' team of the international CHILD-to-child Programme, which is one of the projects of the International Year of the Child. The book is addressed primarily to schoolteachers, health workers, parents and other adults, but its simple and artistic presentation makes it attractive and interesting for older children, for whom, as 'teachers' of their younger brothers and sisters, the programme is designed.

Many people from all over the world have been involved in the preparation of this book. Their work has been co-ordinated by an international advisory committee and the final text was prepared and edited by Audrey Aarons, Hugh Hawes and Juliet Gayton. Audrey Aarons lectures on Curriculum at the University of Papua New Guinea Faculty of Education. With Hugh Hawes, she has conducted research on primary school curricula in English-speaking countries. Hugh Hawes was Deputy Director of the Institutes of Education at Makerere University, Uganda, and Ahmadu Bello University, Nigeria. He is Senior Lecturer in the Department of Education in Developing Countries, London University Institute of Education. Juliet Gayton has taught in Malawi and worked in the Science Education Section of the British Council in Nigeria. She at present occupies the Rural Development Desk in London, administering a variety of projects in the Third World. Carol Barker designed the layout of the book and drew the illustrations.

ISBN 0-333-26137-2

